Medicare Part D Formularies, 2006–2011: Update to Chartbook

A study conducted by staff from NORC at the University of Chicago, Georgetown University, and Social & Scientific Systems, Inc., for the Medicare Payment Advisory Commission

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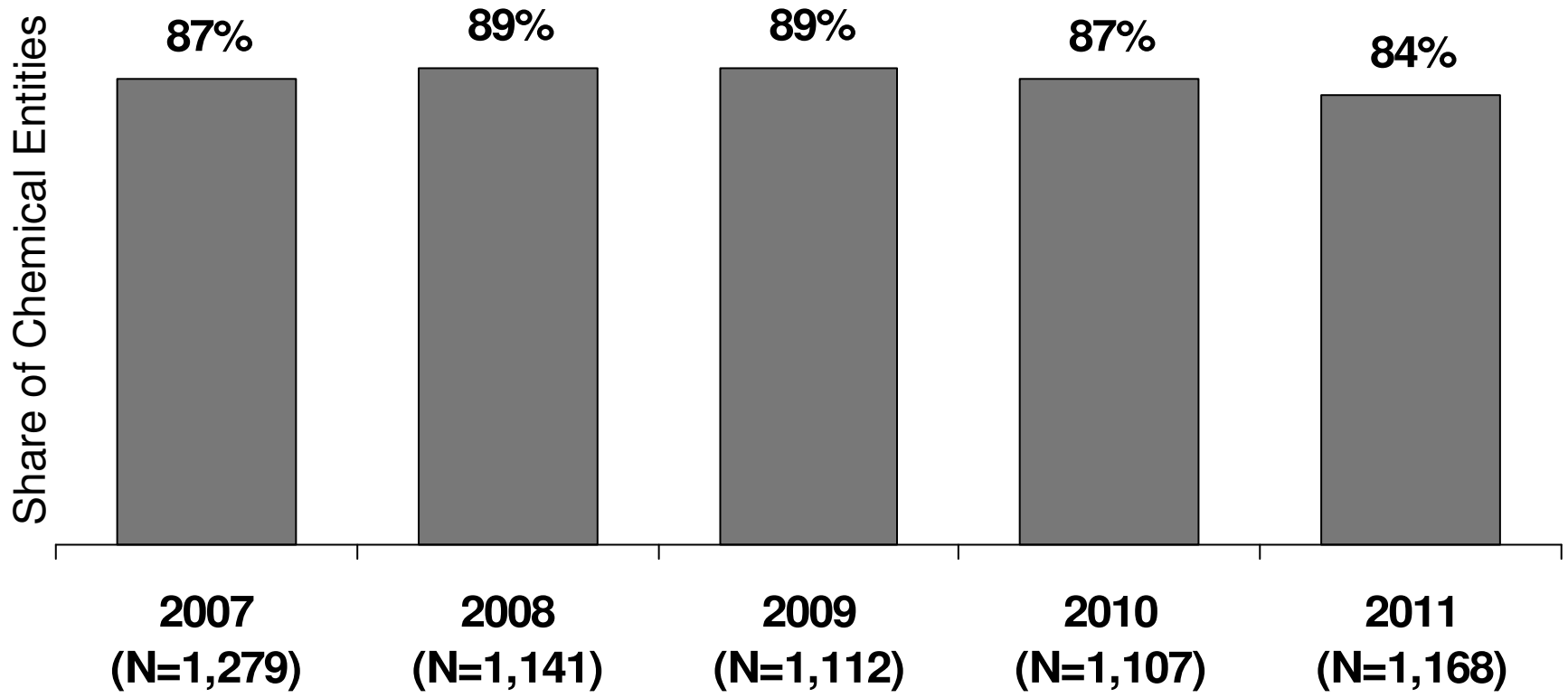
This Report

This document contains updated versions of the charts appearing in *Medicare Part D Formularies, 2006-2010: A Chartbook* (July 2010) by Elizabeth Hargrave, Jack Hoadley, Laura Summer, and Katie Merrell, and published as a contractor report by MedPAC.
http://www.medpac.gov/documents/Oct10_PartDFormulariesChartBook_CONTRACTOR_RS.pdf
The charts here are updated based on Part D plan offerings for 2011. Results are weighted by February 2011 enrollments (unless otherwise indicated). Explanations and definitions for the charts presented here are in the original chartbook. That chartbook introduced a new measure of utilization management (which also affects the measures of restricted and unrestricted formularies) and included some charts for each version of the measure. The charts here are all based on the new version of the UM measure, and comparison years included in the charts are updated as well. Generic versions have come to market for some drugs included in the charts; they are documented where appropriate.

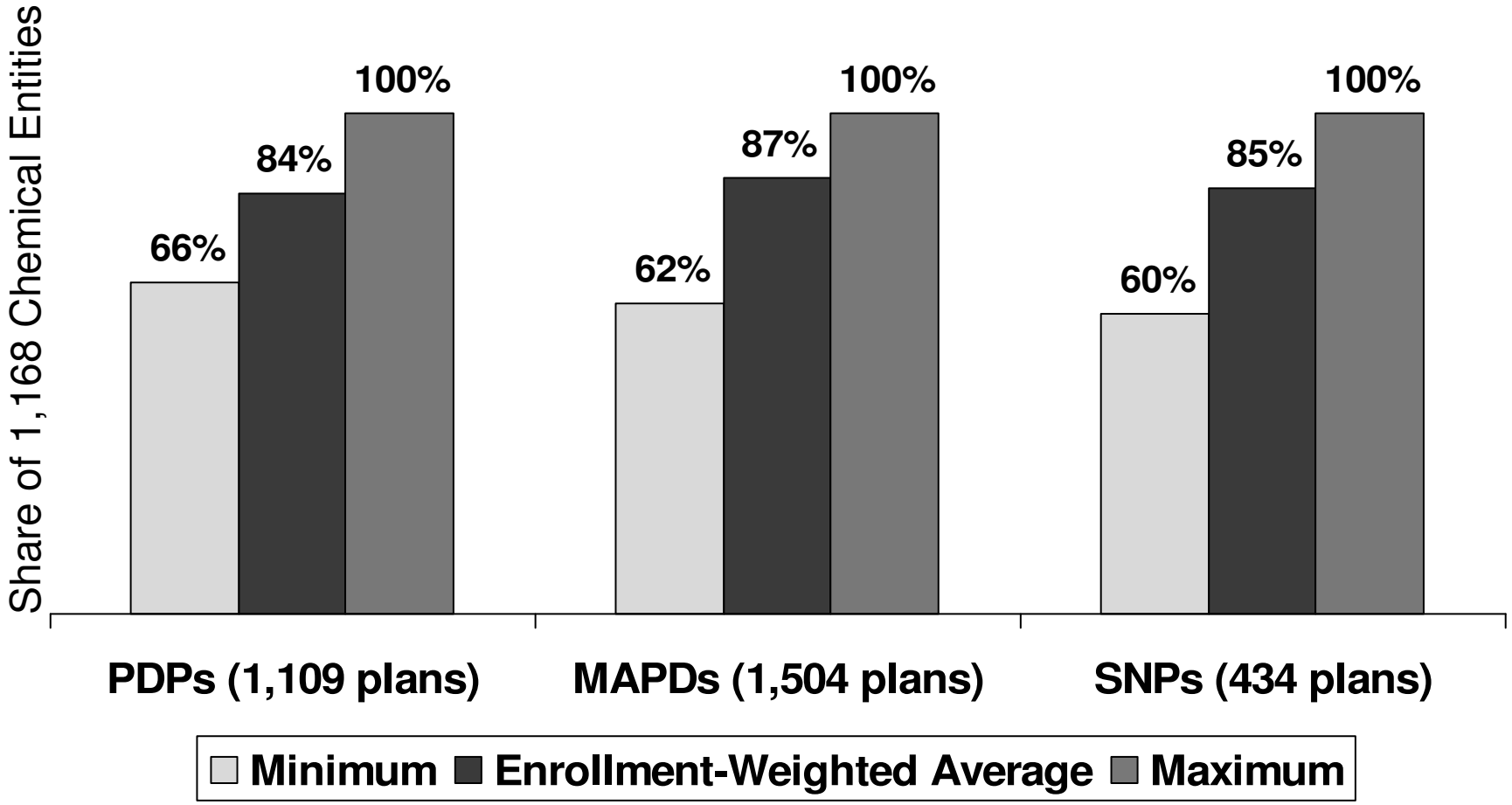
2. Share of Drugs in Plan Formularies

Chart 2.1. Share of Chemical Entities Listed by PDPs, 2007-2011



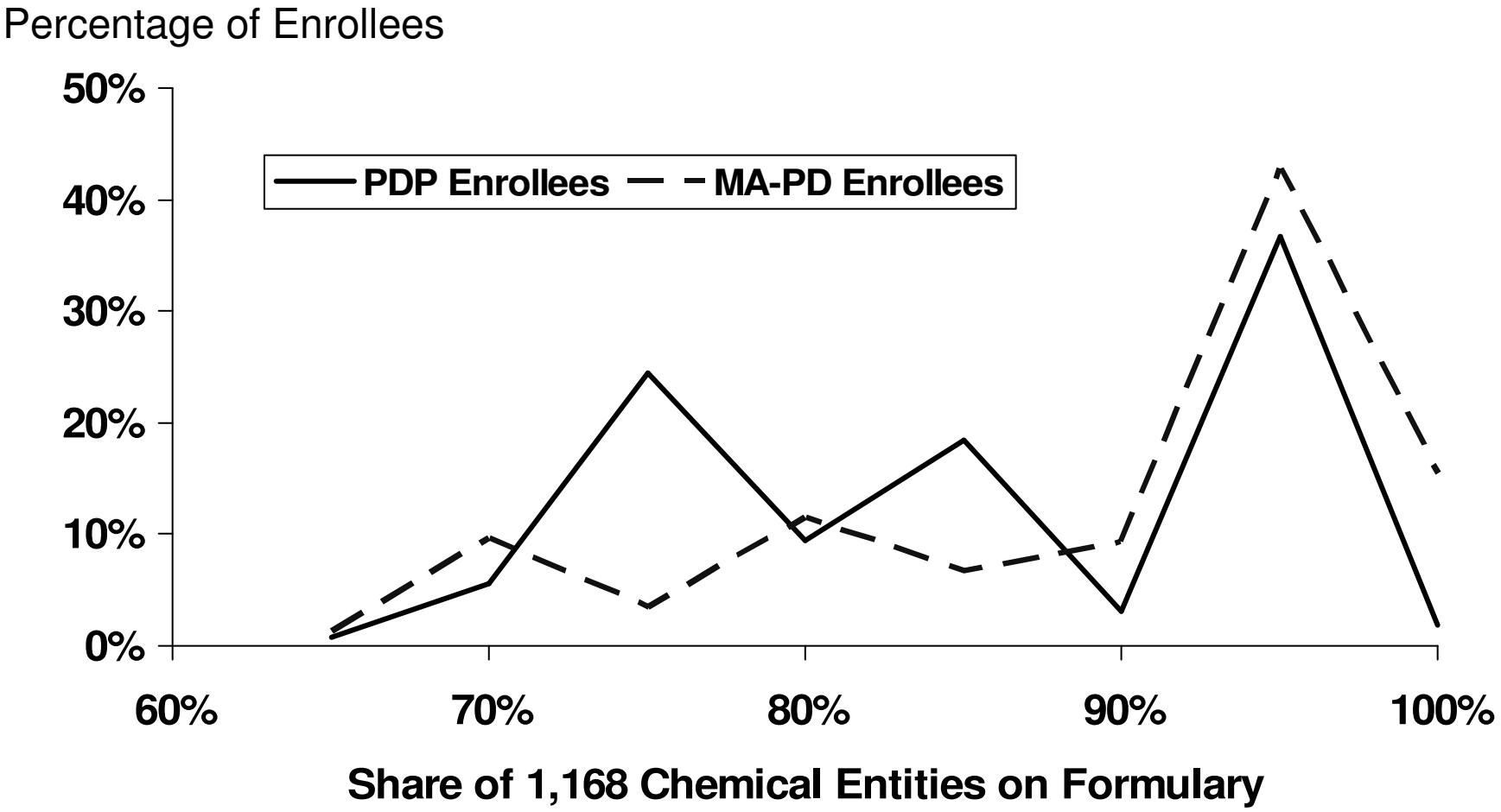
NOTE: Calculations are averge shares of all chemical entities, weighted by enrollment. Ns are numbers of chemical entities based on the analysis of the CMS reference file for this project.
SOURCE: NORC/Georgetown University/Social & Scientific Systems analysis for MedPAC.

Chart 2.2. Minimum, Average, and Maximum Share of Chemical Entities on Formulary, by Plan Type, 2011



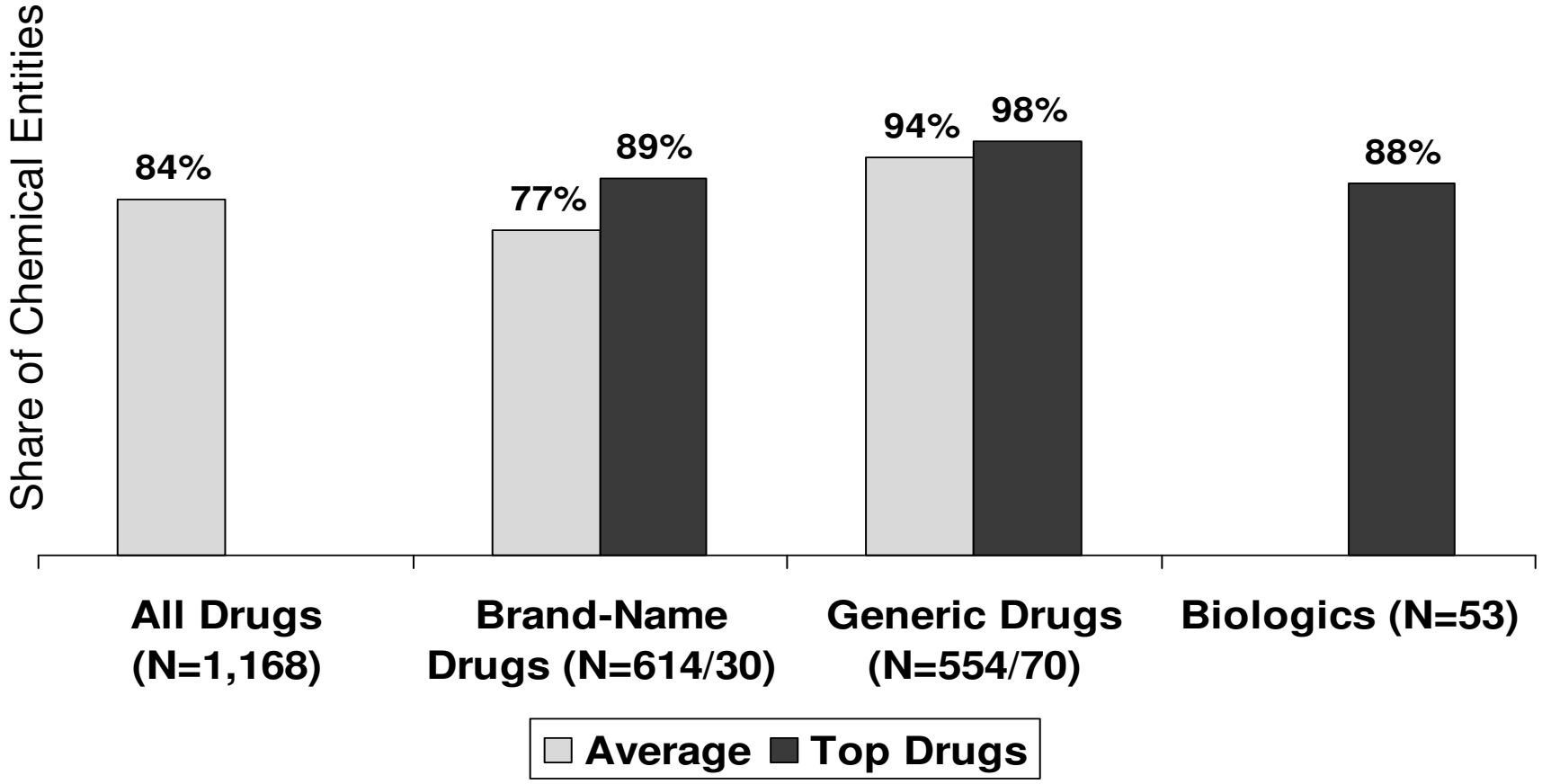
NOTE: Calculations are shares of all chemical entities on the CMS reference file, weighted by enrollment. Ns are numbers of plans.
SOURCE: NORC/Georgetown University/Social & Scientific Systems analysis for MedPAC.

Chart 2.3. Distribution of Enrollees, by Share of Drugs Listed and Plan Type, 2011



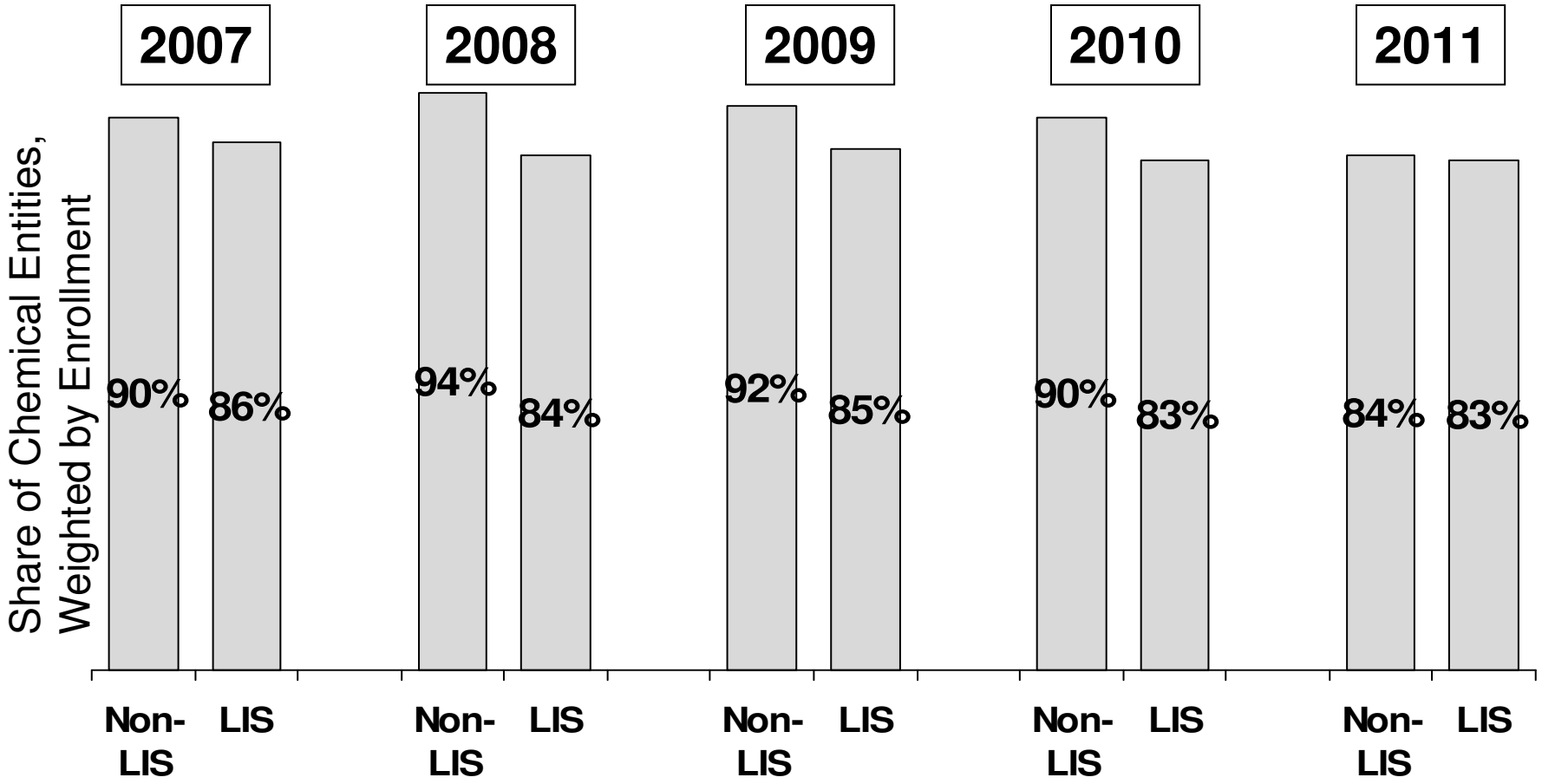
NOTE: Calculations are distributions of enrollments. Share of chemical entities is rounded to the nearest multiple of 5 percent.
SOURCE: NORC/Georgetown University/Social & Scientific Systems analysis for MedPAC.

Chart 2.4. Share of Chemical Entities on Formulary for Different Groups of Drugs, PDPs, 2011



NOTE: Calculations are average shares of all chemical entities for the particular group of drugs, weighted by enrollment. Ns are numbers of drugs in that category. Top drugs refer to the most commonly prescribed drugs, based on total fills for Part D beneficiaries as published by CMS from 2008 claims.
SOURCE: NORC/Georgetown University/Social & Scientific Systems analysis for MedPAC.

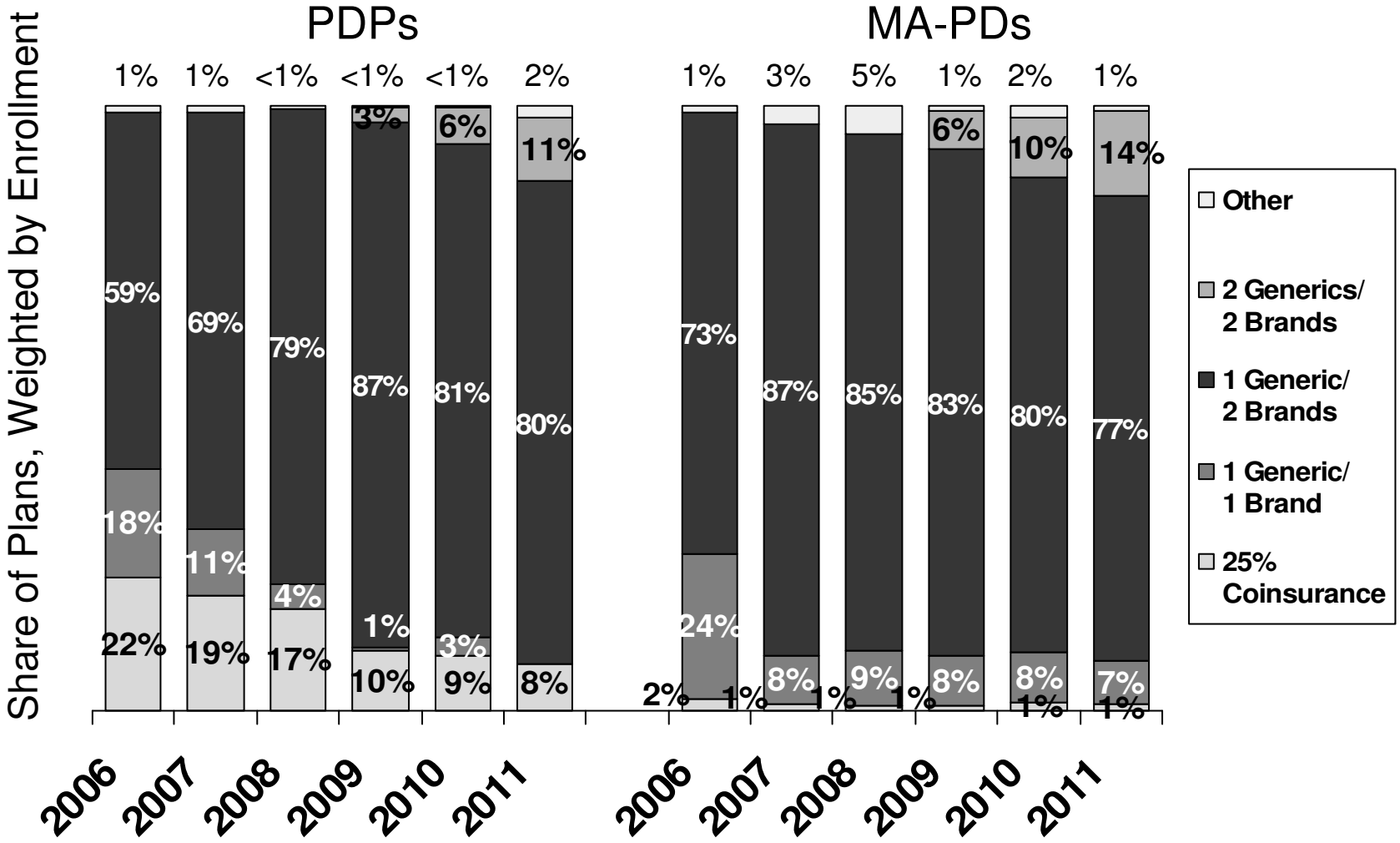
Chart 2.5. Share of Chemical Entities on Formulary, by LIS (Benchmark) and Non-LIS PDPs, 2007-2011



NOTE: Plans that qualified to keep LIS enrollees based on waivers are excluded for 2007 and 2008.
SOURCE: NORC/Georgetown University/Social & Scientific Systems analysis for MedPAC.

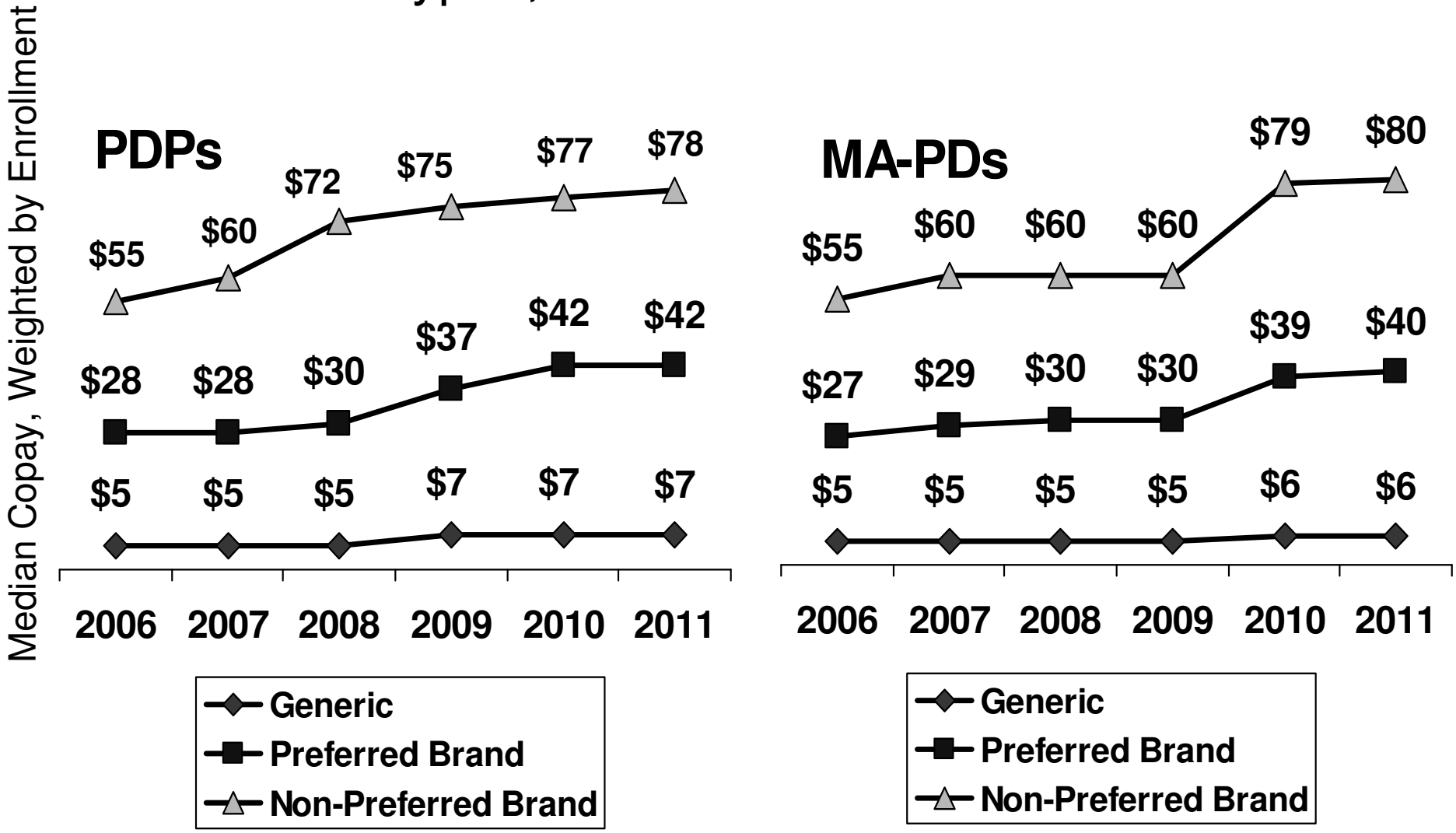
3. Plan Tier Designs and Cost Sharing

Chart 3.1. Plan Use of Standard Benefit vs. Multiple Tiers, Excluding Specialty Tiers, 2006-11



NOTE: Calculations are share of plans, weighted by enrollment. Most non-standard plans also use specialty tiers, shown in a separate chart. Tracking of 2 generics/2 brands formularies bean in 2009; some "other" plans before 2009 had that structure.
SOURCE: NORC/Georgetown University/Social & Scientific Systems analysis for MedPAC.

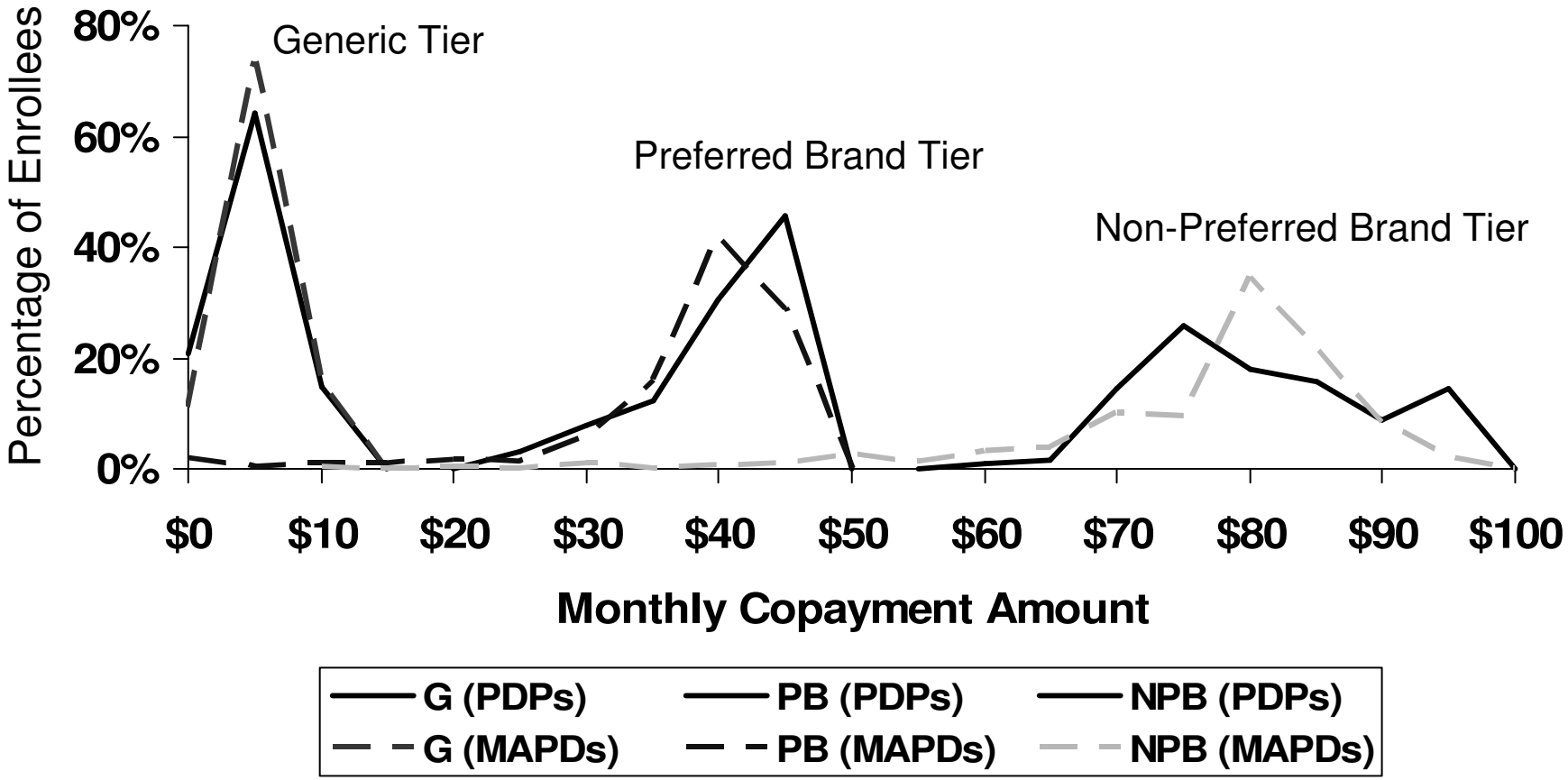
Chart 3.2. Median Copayment for a Month's Supply, Most Common Tier Types, 2006-2011



NOTE: Medians are calculated among plans that use copayments for each tier and are weighted by enrollment. Plans using coinsurance are not included.

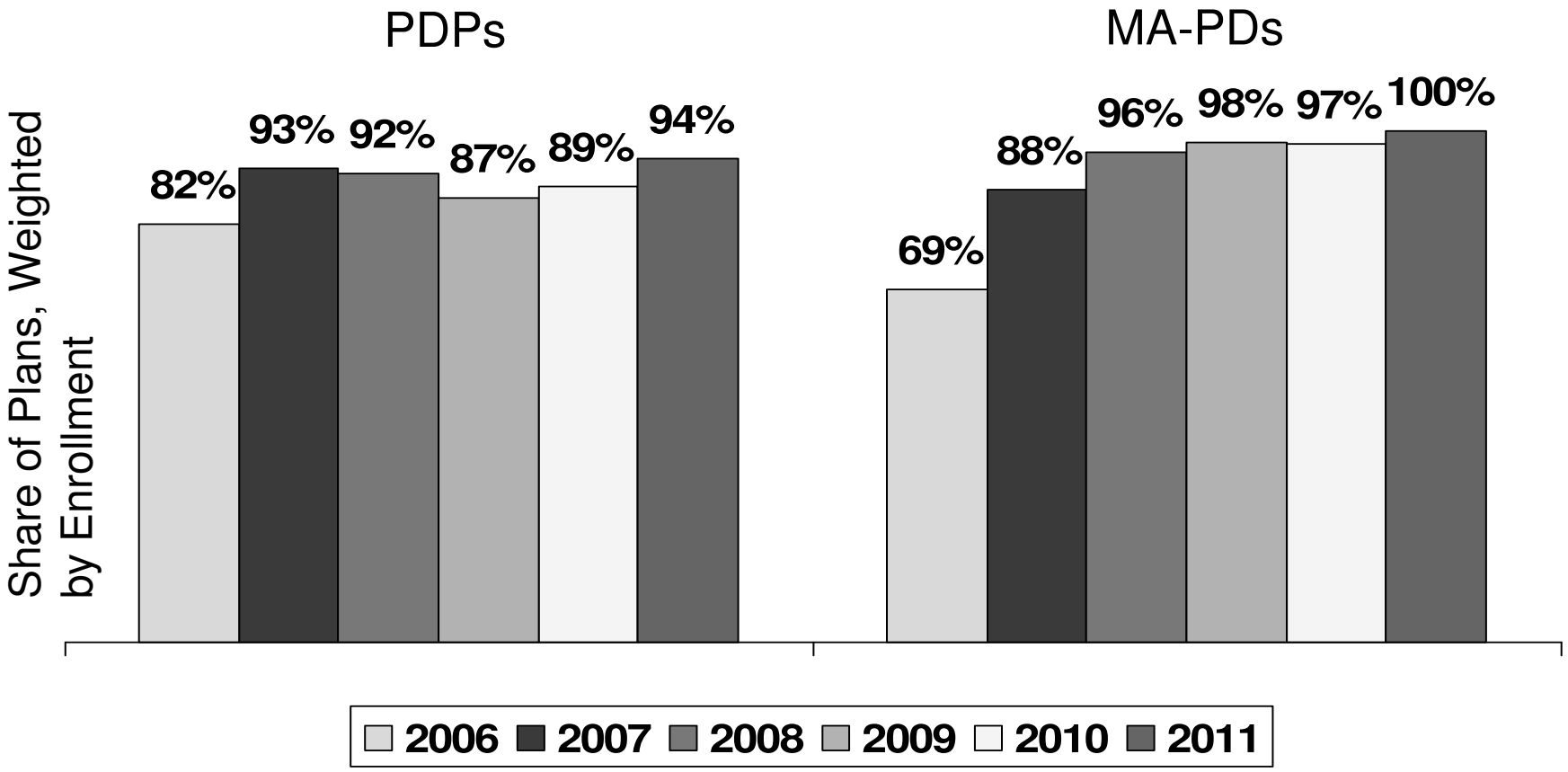
SOURCE: NORC/Georgetown University/Social & Scientific Systems analysis for MedPAC.

Chart 3.3. Distribution of Median Monthly Copayments for Common Tiers, PDPs and MA-PDs, 2011



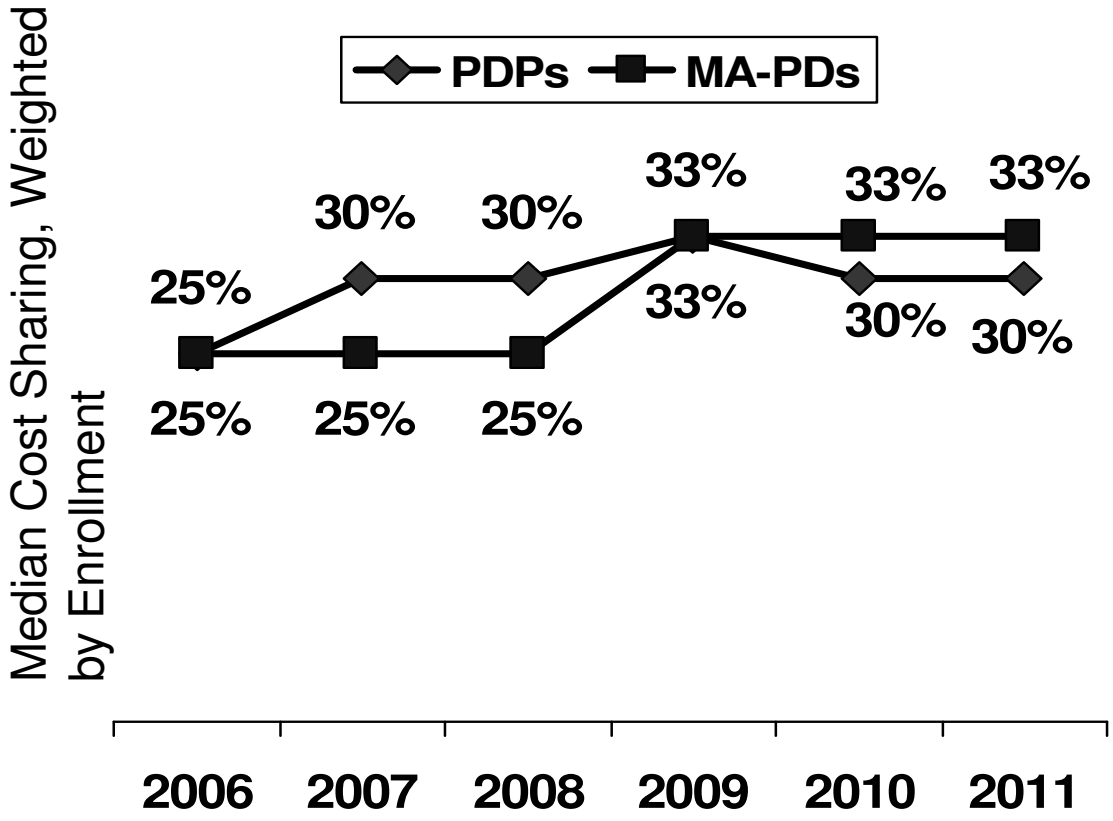
NOTE: Calculations are distributions of enrollees, excluding those in plans with only one brand tier or two generic tiers and plans with coinsurance for a particular tier. Monthly copayment amounts are rounded to the nearest multiple of $5.
SOURCE: NORC/Georgetown University/Social & Scientific Systems analysis for MedPAC.

Chart 3.4. Share of Non-Standard Plans Using Specialty or Injectible Tiers for Some Expensive Drugs, 2006-2011



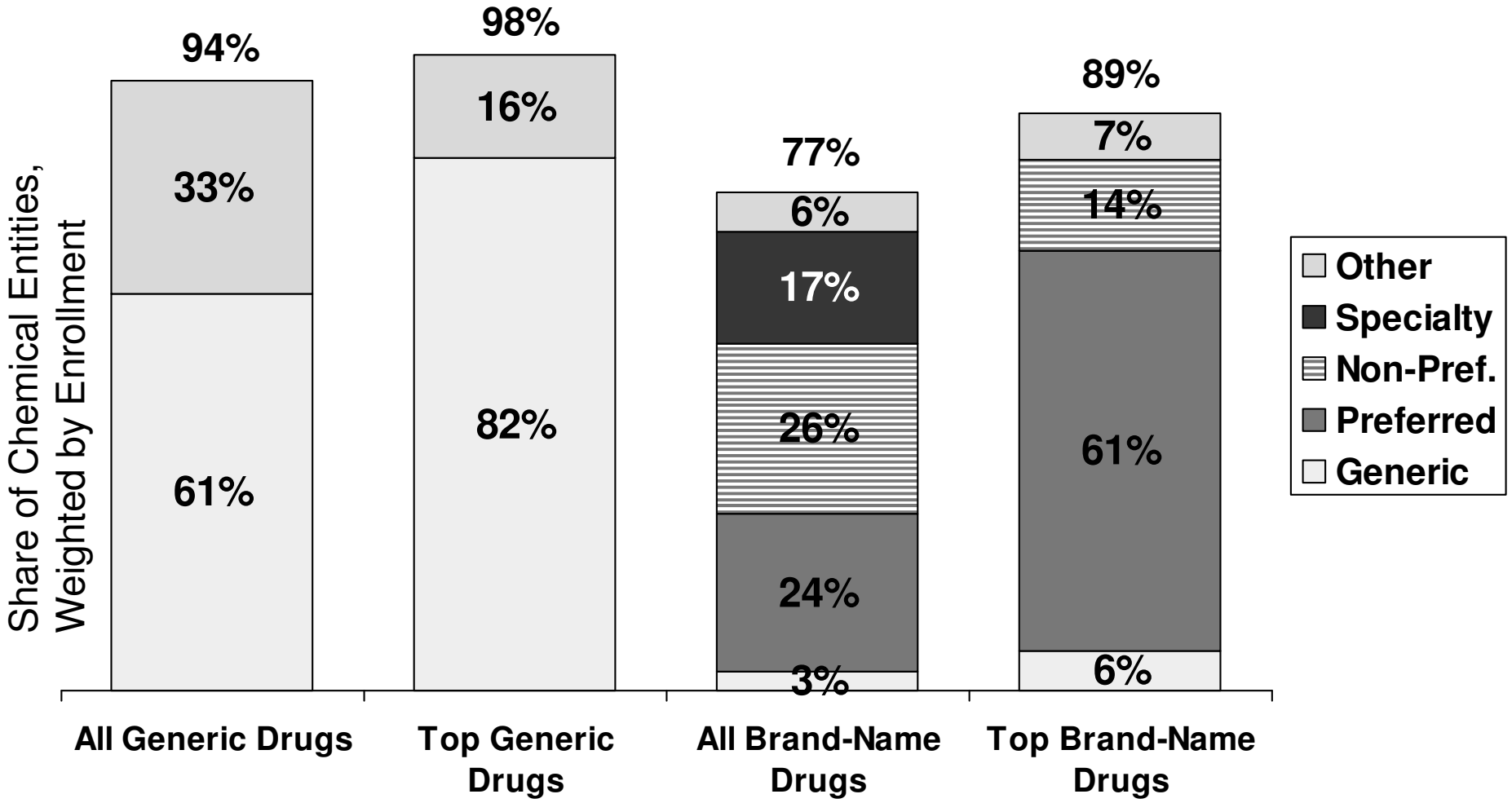
NOTE: Excludes standard-benefit plans.
SOURCE: NORC/Georgetown University/Social & Scientific Systems analysis for MedPAC.

Chart 3.5. Median Coinsurance for Specialty and Injectible Tiers, 2006-2011



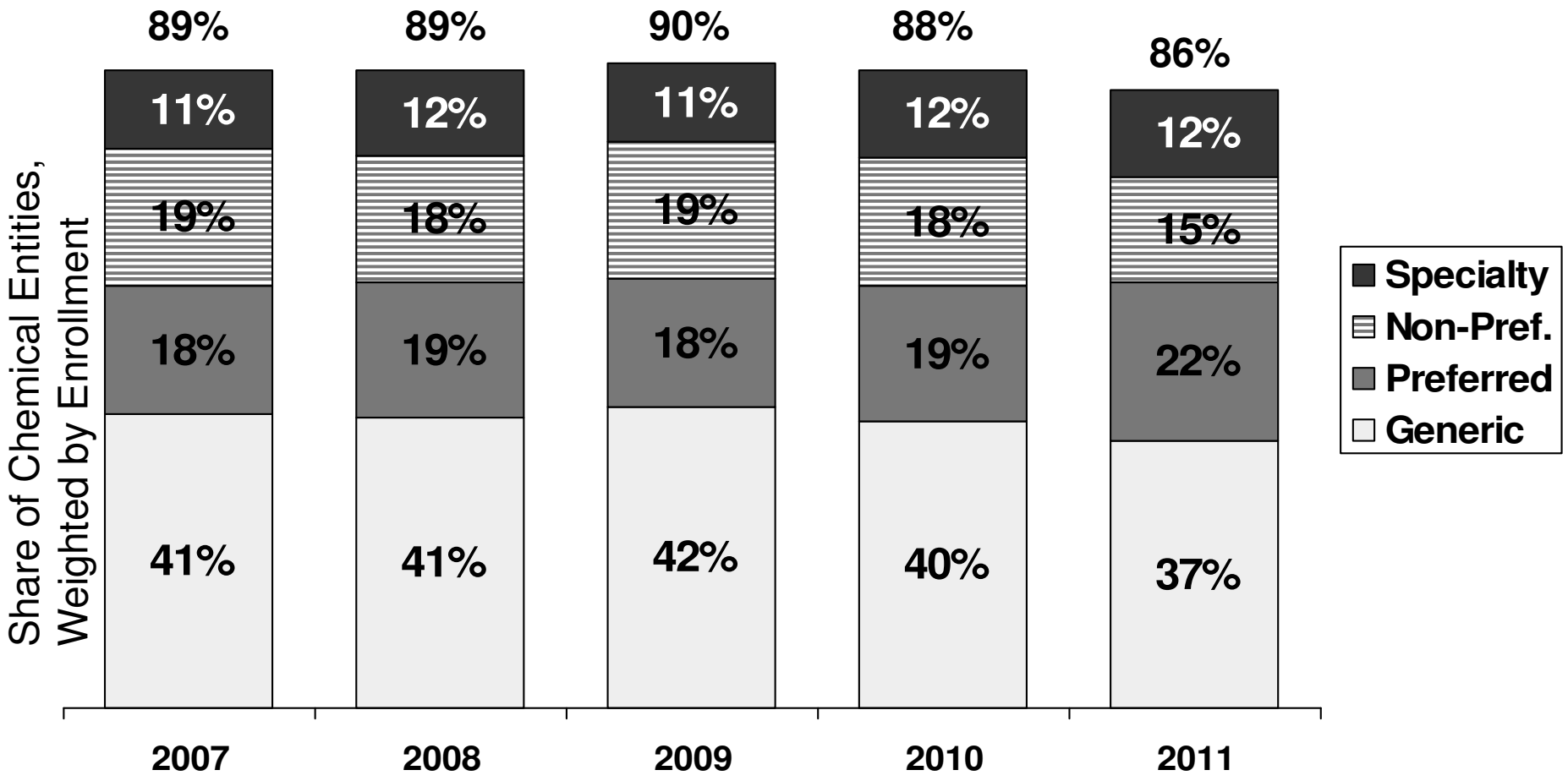
NOTE: Medians are calculated among plans that have a specialty tier, weighted by enrollment.
SOURCE: NORC/Georgetown University/Social & Scientific Systems analysis for MedPAC.

Chart 3.6. Distribution of Brand and Generic Drugs by Tier in PDPs, 2011



NOTE: Some plans do not use specialty tiers. Totals atop bars refer to total share of chemical entities on formulary. The "other" category includes standard benefit designs. For generic drugs, the "other" category also includes any drugs placed in brand or specialty tiers. Top drugs refer to the most commonly prescribed drugs, based on total fills for Part D beneficiaries as published by CMS from 2008 claims.
SOURCE: NORC/Georgetown University/Social & Scientific Systems analysis for MedPAC.

Chart 3.7. Distribution of Drugs by Tier in PDPs with Most Common Tier Structure, 2007-2011



NOTE: Some plans do not use specialty tiers. Totals atop bars refer to total share of chemical entities on formulary; difference from 100 percent is for drugs off formulary.
SOURCE: NORC/Georgetown University/Social & Scientific Systems analysis for MedPAC.

4. Utilization Management

Calculations in this section apply the new tier-based UM measure that was introduced in *Medicare Part D Formularies, 2006-2010: A Chartbook* (published by MedPAC in 2010). See that chartbook for more information on this measure. Where appropriate, data from earlier years have been updated based on the new measure.

Chart 4.1a. Plan Use of Utilization Management Tools: Comparing Types of Plans, 2011

	Ever Use Prior Authorization?	Ever Use Step Therapy?	Ever Use Quantity Limits?
PDPs	100%	95%	100%
MA-PDs	100%	88%	98%
SNPs	100%	91%	99%

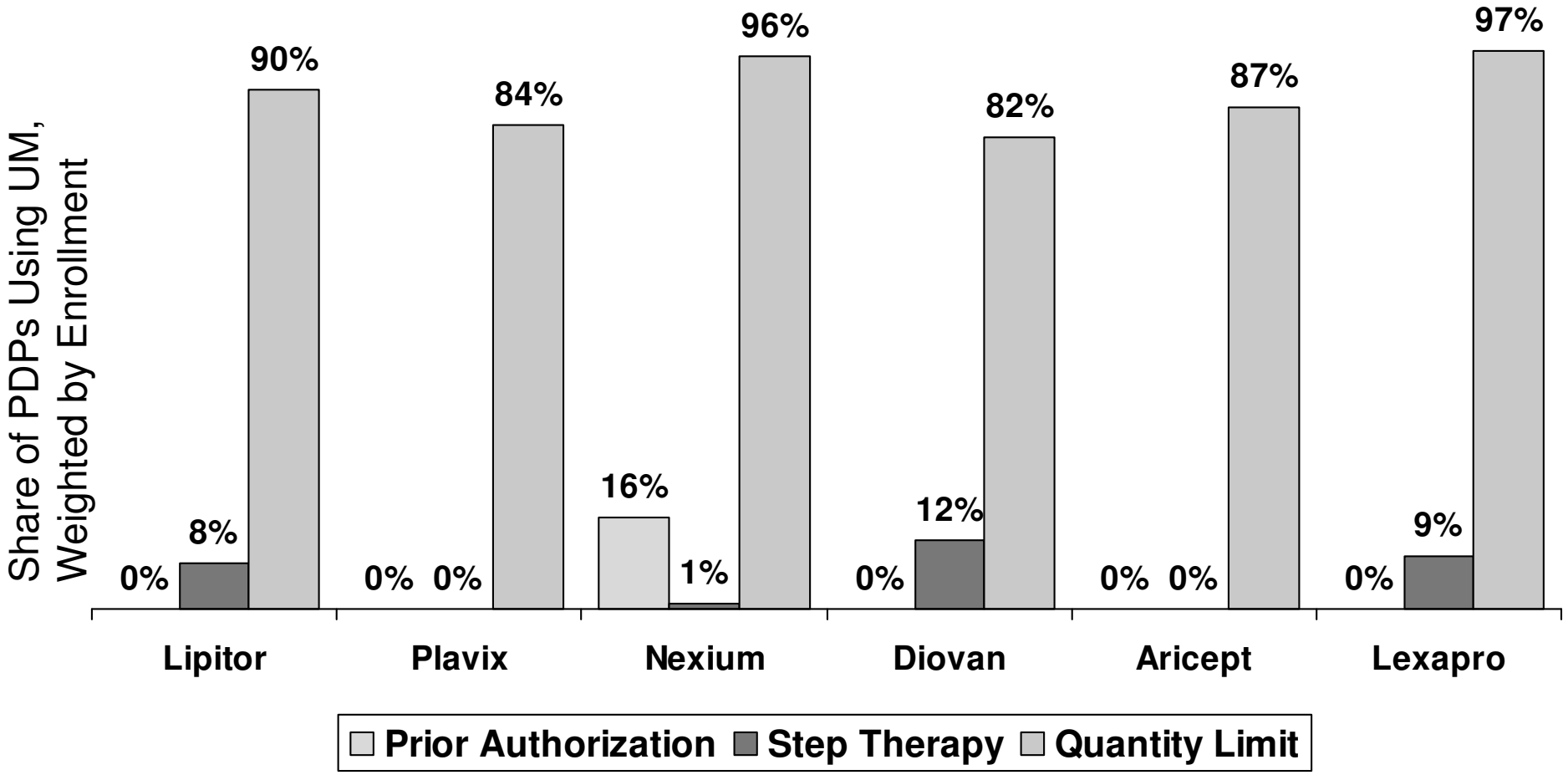
NOTE: Entries are shares of plans, not weighted by enrollment.
SOURCE: NORC/Georgetown University/Social & Scientific Systems analysis for MedPAC.

Chart 4.1b. Plan Use of Utilization Management Tools: Comparing PDPs Over Time, 2007-2011

	Ever Use Prior Authorization?	Ever Use Step Therapy?	Ever Use Quantity Limits?
2007	100%	77%	100%
2008	100%	88%	100%
2009	100%	94%	100%
2010	100%	94%	100%
2011	100%	95%	100%

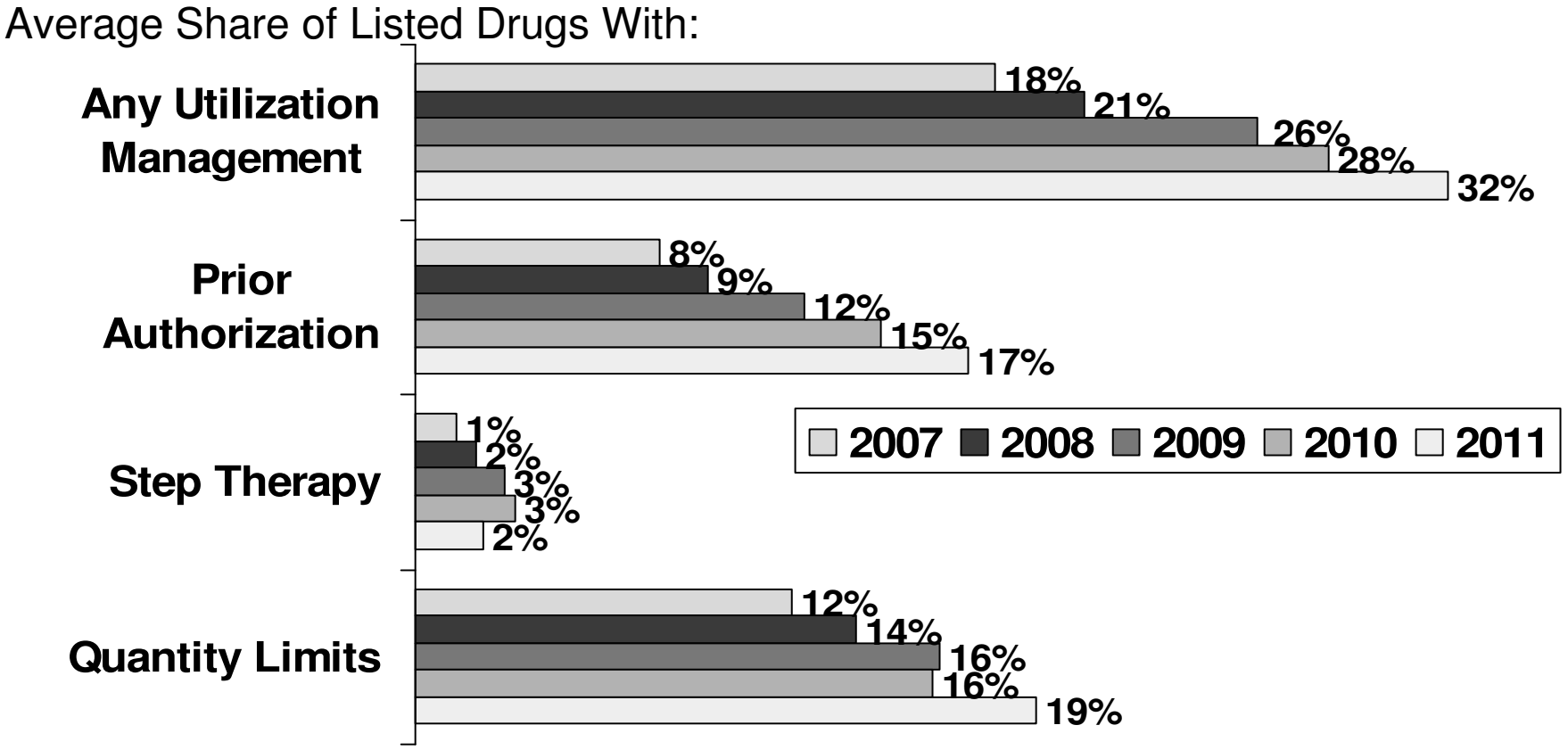
NOTE: Entries are shares of all PDPs, not weighted by enrollment.
SOURCE: NORC/Georgetown University/Social & Scientific Systems analysis for MedPAC.

Chart 4.2. Share of PDPs Using Utilization Management for Top Drugs, 2011



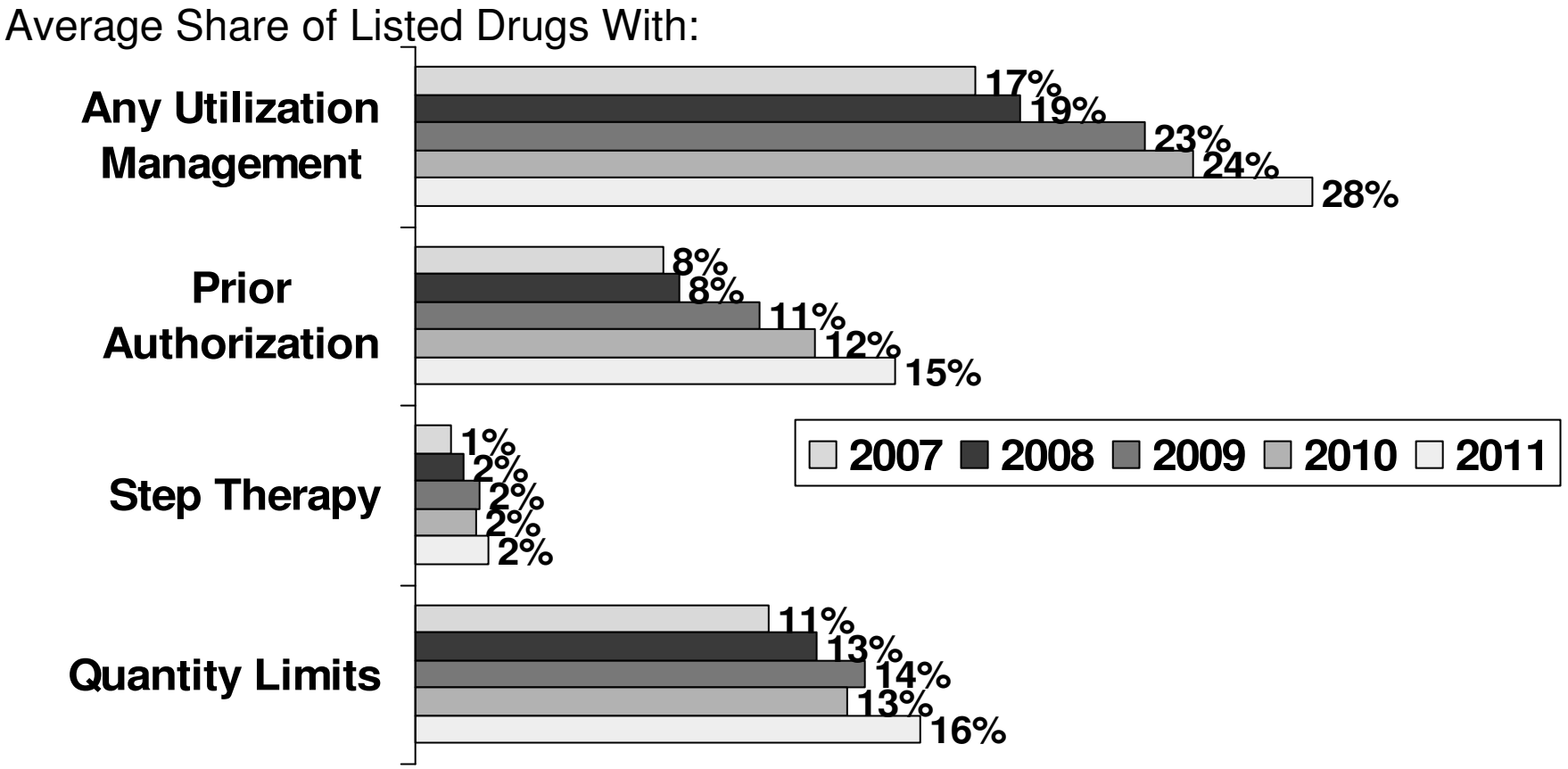
NOTE: Values represent the share, weighted by enrollment, of use of the particular UM tool, out of the cases where the drug is listed on formulary.
SOURCE: NORC/Georgetown University/Social & Scientific Systems analysis for MedPAC.

Chart 4.5. Share of Drugs with Utilization Management Requirements, PDPs, 2007-2011



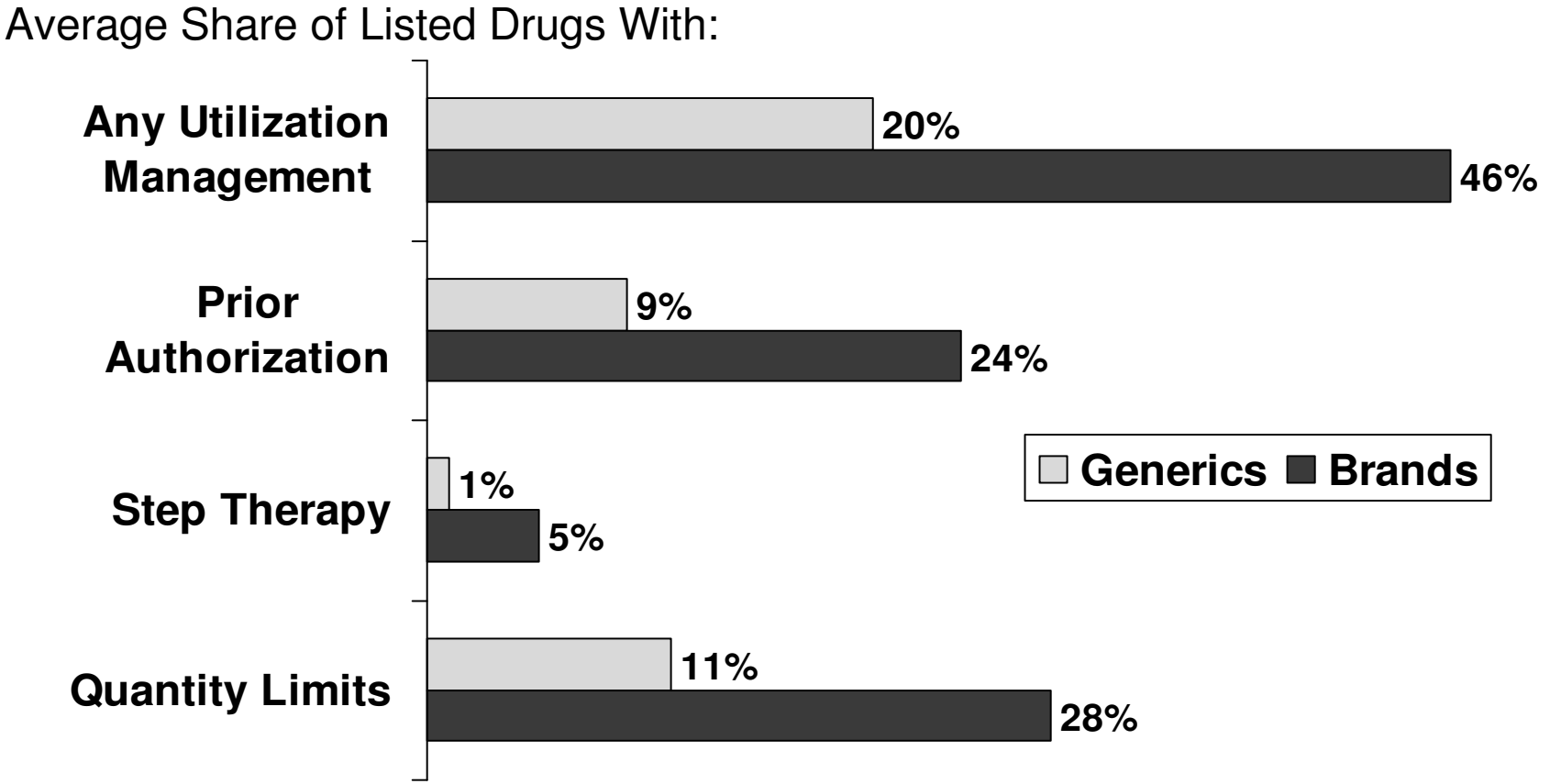
NOTE: Calculations are shares of listed chemical entities, weighted by enrollments.
SOURCE: NORC/Georgetown University/Social & Scientific Systems analysis for MedPAC.

Chart 4.6. Share of Drugs with Utilization Management Requirements, MA-PDs, 2007-2011



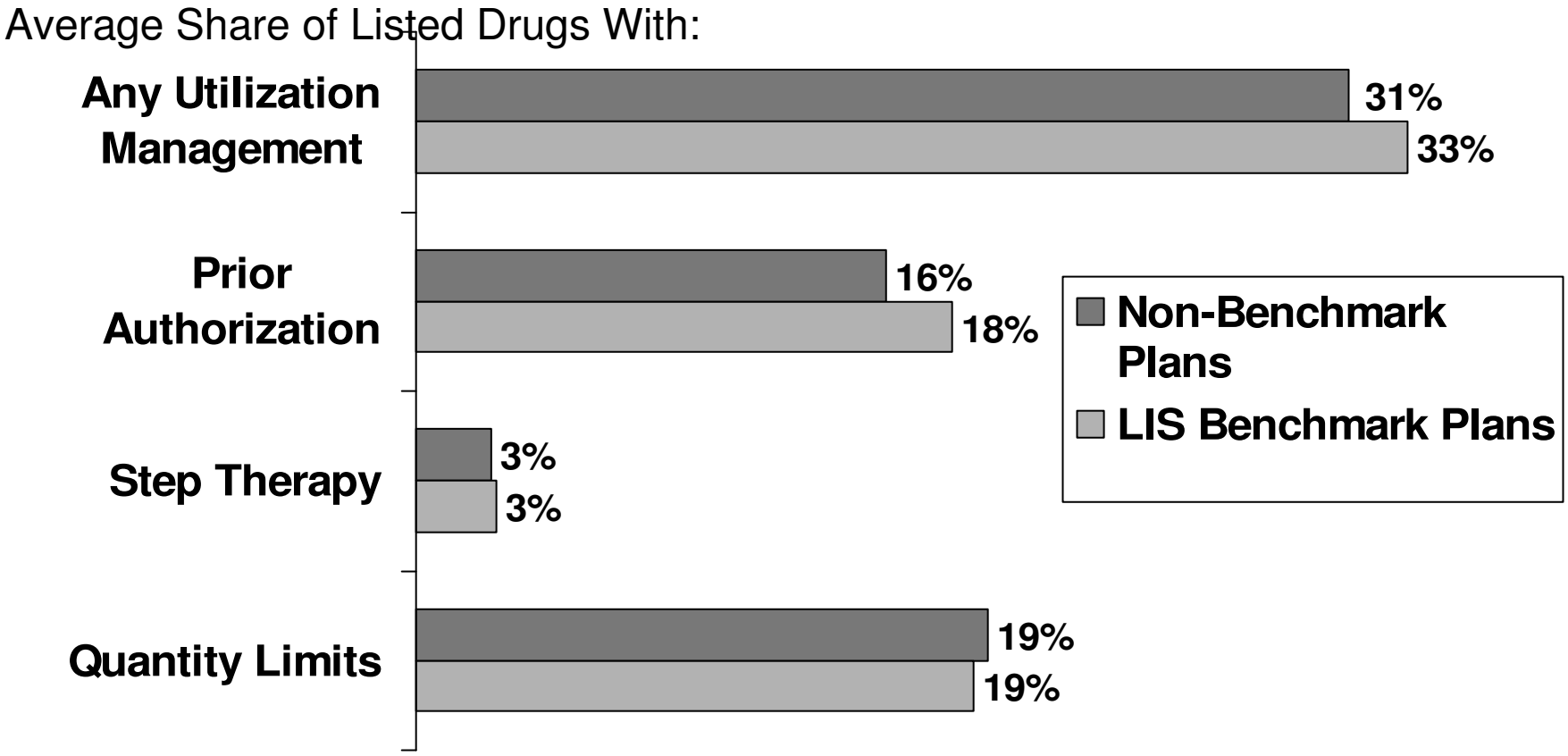
NOTE: Calculations are shares of listed chemical entities, weighted by enrollments.
SOURCE: NORC/Georgetown University/Social & Scientific Systems analysis for MedPAC.

Chart 4.7. Share of Brands and Generics with Utilization Management Requirements, PDPs, 2011



NOTE: Calculations are shares of listed chemical entities, weighted by enrollments.
SOURCE: NORC/Georgetown University/Social & Scientific Systems analysis for MedPAC.

Chart 4.8. Share of Drugs with Utilization Management Requirements, PDPs by LIS Status, 2011



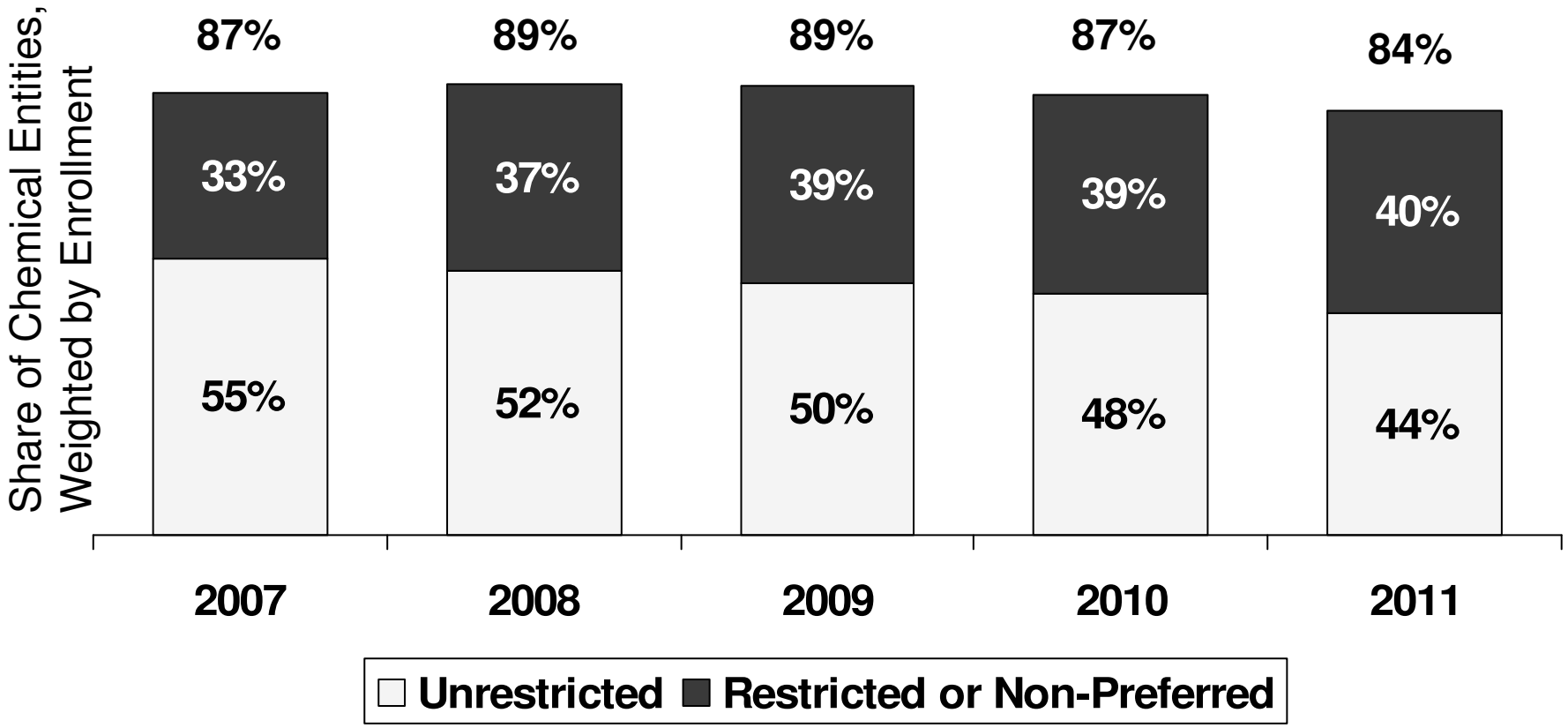
NOTE: Calculations are shares of listed chemical entities, weighted by enrollments.
SOURCE: NORC/Georgetown University/Social & Scientific Systems analysis for MedPAC.

5. Restricted vs. Unrestricted Drugs

"Unrestricted" = placement on certain tiers (generic, brand, preferred brand) and absence of utilization management restrictions (prior authorization, step therapy, quantity limits).

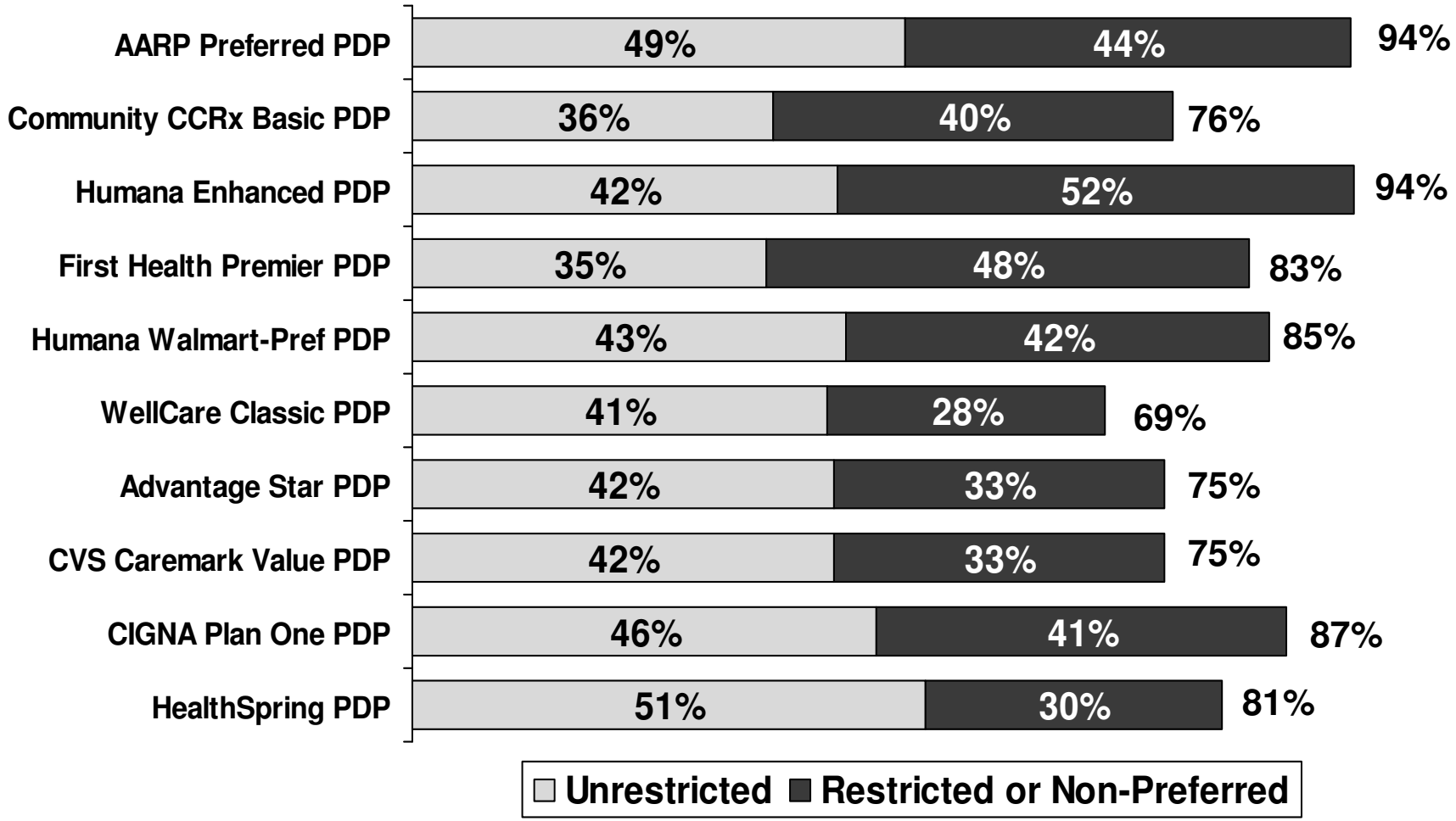
Calculations in this section apply the new tier-based UM measure that was introduced in *Medicare Part D Formularies, 2006-2010: A Chartbook* (published by MedPAC in 2010). See that chartbook for more information on this measure.

Chart 5.2. Shares of Restricted and Unrestricted Drugs, PDPs, 2007-2011



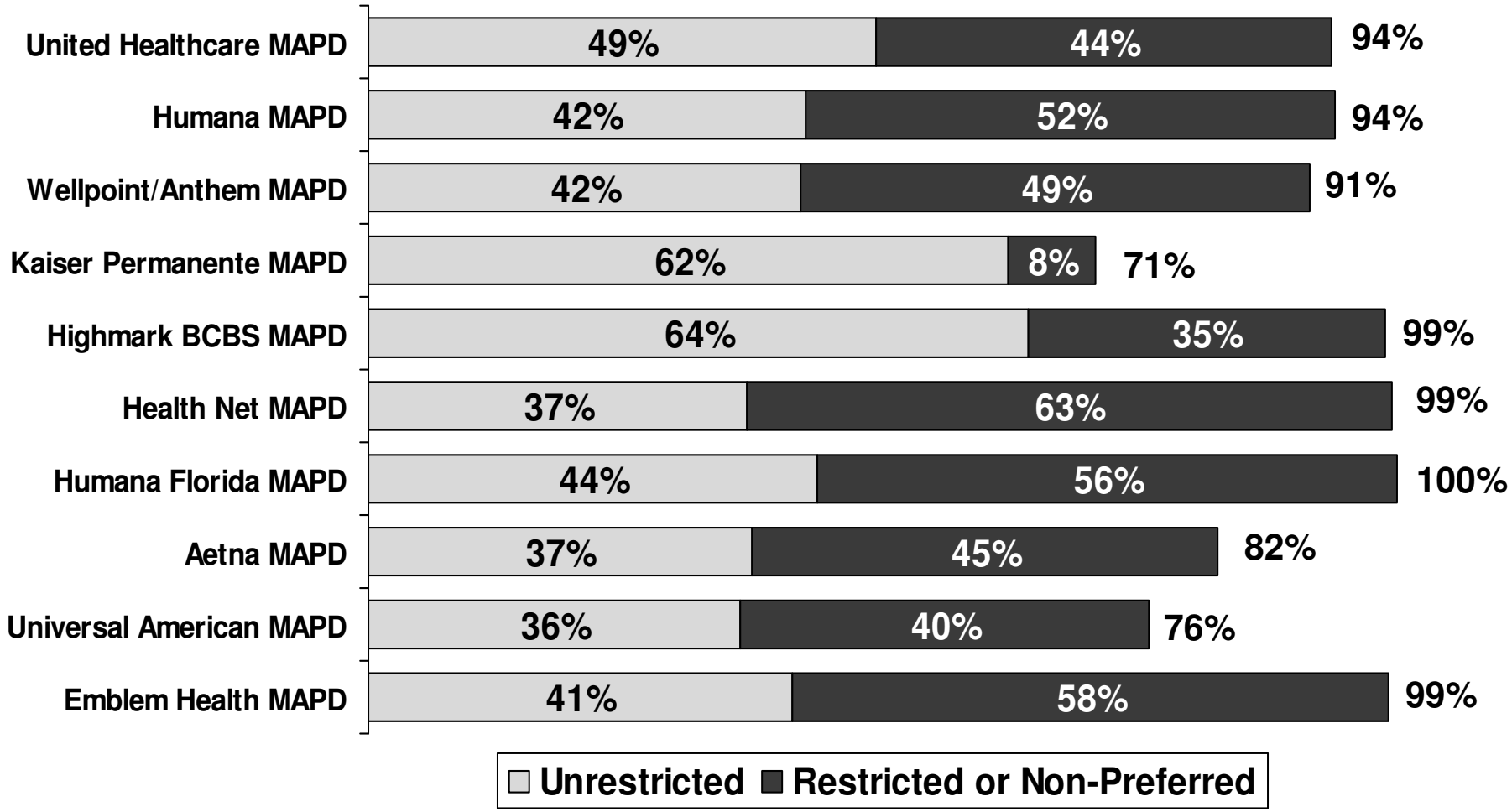
NOTE: Calculations are average shares, weighted by enrollment. Totals atop bars refer to total share of chemical entities on formulary; difference from 100 percent is for drugs off formulary.
SOURCE: NORC/Georgetown University/Social & Scientific Systems analysis for MedPAC.

Chart 5.3A. Share of Chemical Entities Listed on Formulary With and Without Restrictions, PDPs with Highest Enrollments, 2011



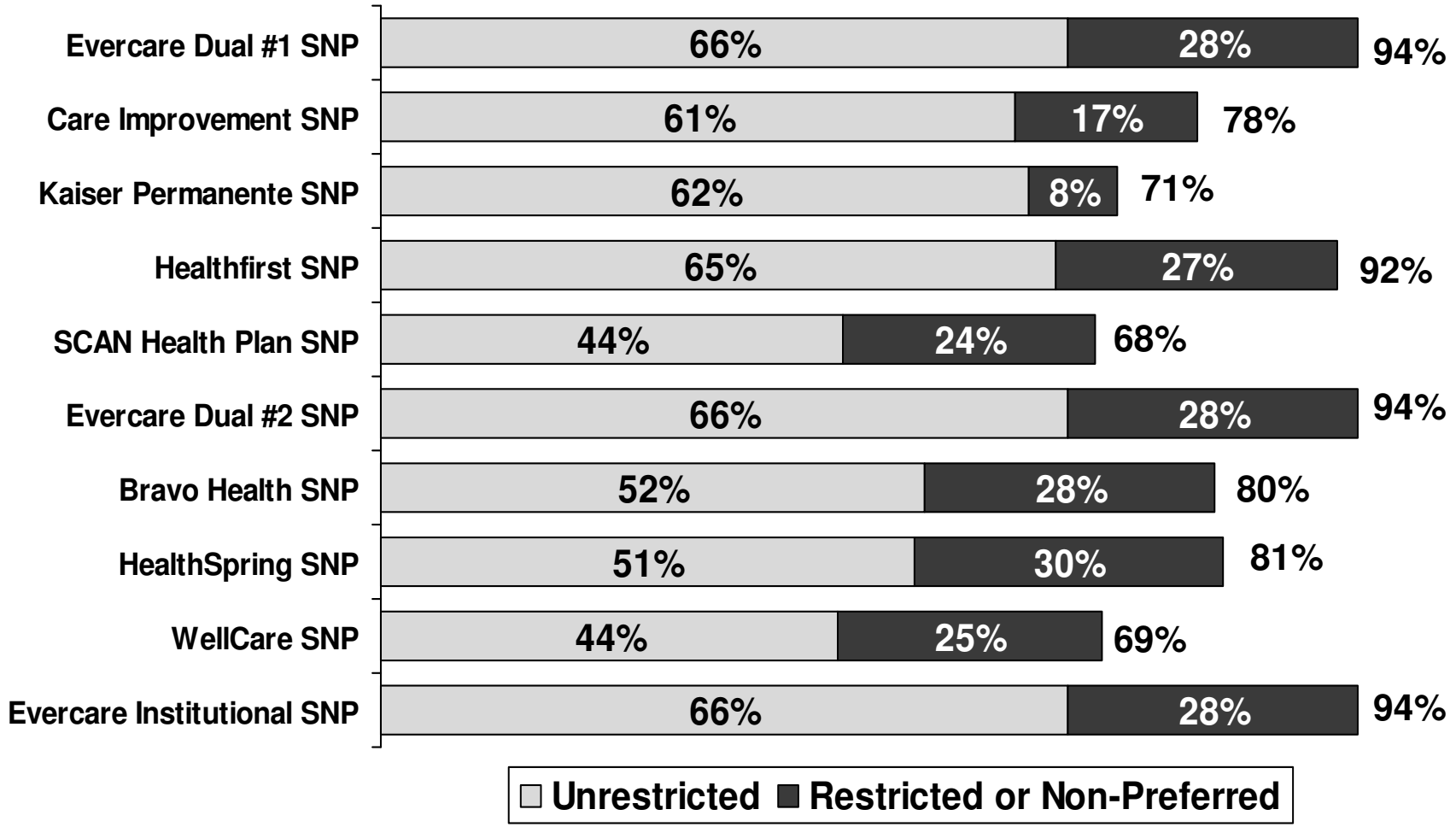
NOTE: Calculations are shares of chemical entites. Totals to right of bars refer to total share of chemical entities on formulary; difference from 100 percent is for drugs off formulary. Totals may not add due to rounding. Plans are listed in order of enrollment.
SOURCE: NORC/Georgetown University/Social & Scientific Systems analysis for MedPAC.

Chart 5.3B. Share of Chemical Entities Listed on Formulary With and Without Restrictions, MA-PDs with Highest Enrollments, 2011



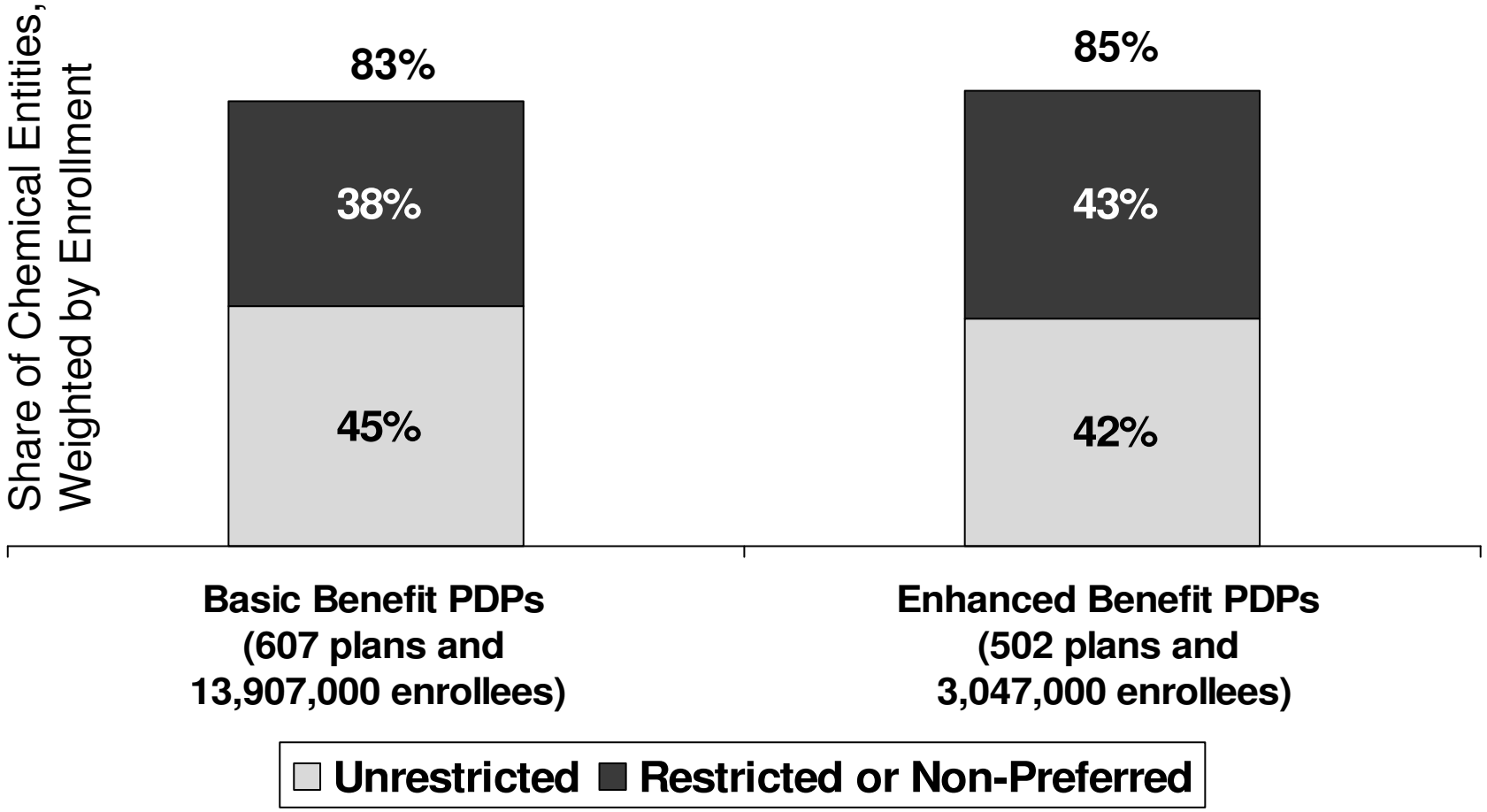
NOTE: Calculations are shares of chemical entites. Totals to right of bars refer to total share of chemical entities on formulary; difference from 100 percent is for drugs off formulary. Totals may not add due to rounding. Plans are listed in order of enrollment.
SOURCE: NORC/Georgetown University/Social & Scientific Systems analysis for MedPAC.

Chart 5.3C. Share of Chemical Entities Listed on Formulary With and Without Restrictions, Special Needs Plans with Highest Enrollments, 2011



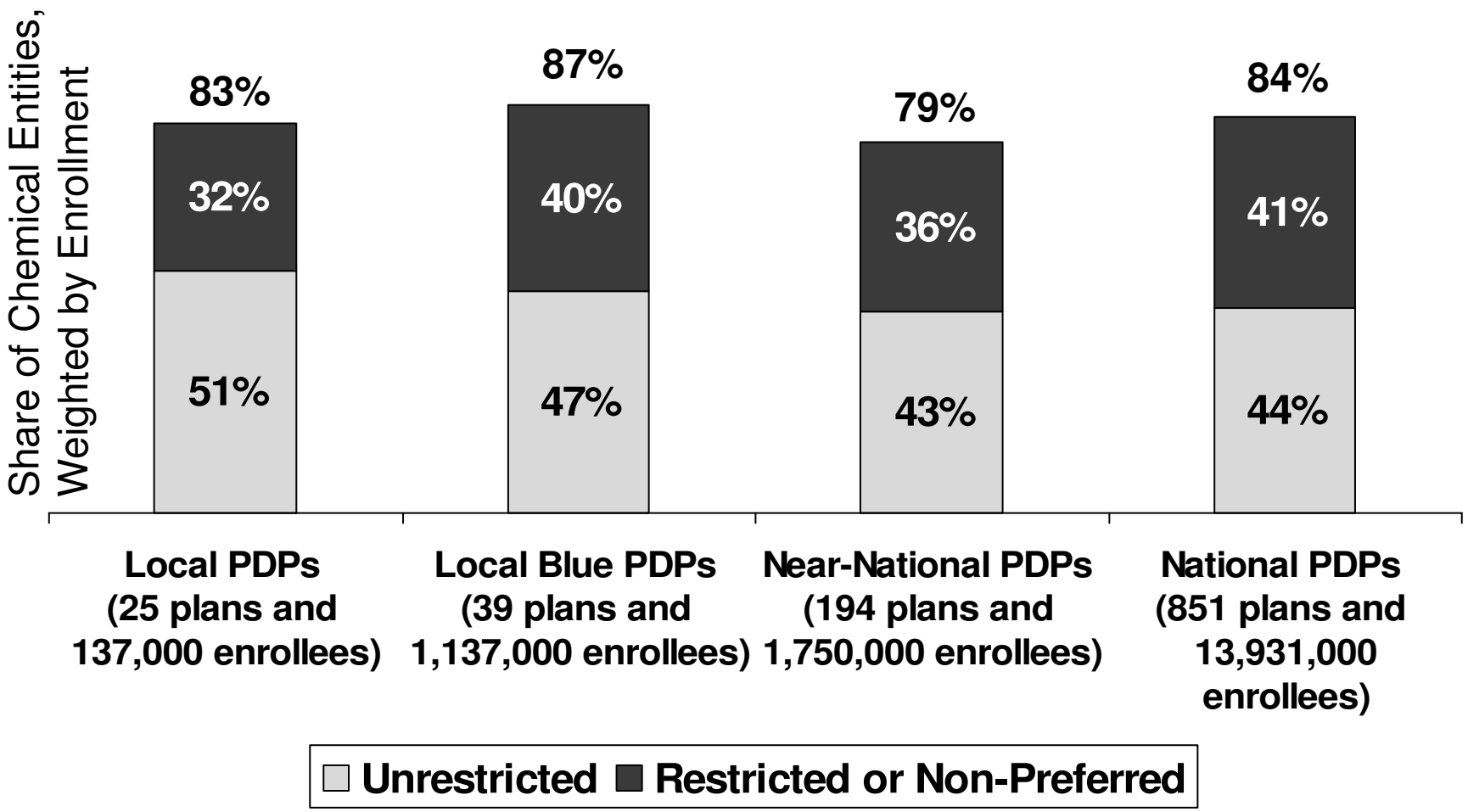
NOTE: Calculations are shares of chemical entites. Totals to right of bars refer to total share of chemical entities on formulary; difference from 100 percent is for drugs off formulary. Totals may not add due to rounding. Plans are listed in order of enrollment.
SOURCE: NORC/Georgetown University/Social & Scientific Systems analysis for MedPAC.

Chart 5.4. Share of Chemical Entities on Formulary, Restricted and Unrestricted, Basic Benefit PDPs vs. Enhanced Benefit PDPs, 2011



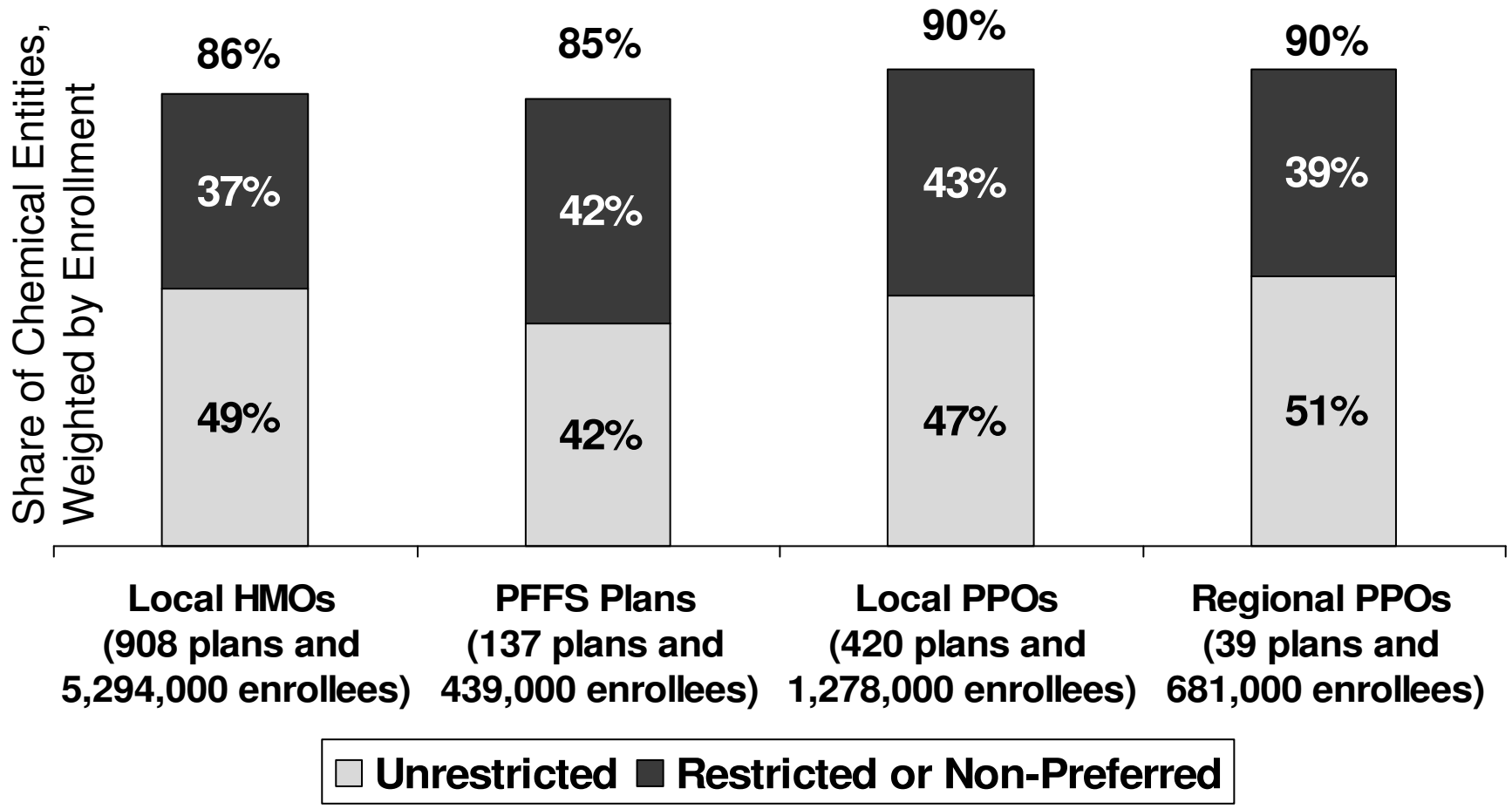
NOTE: Calculations are average shares, weighted by enrollment. Totals atop bars refer to total share of chemical entities on formulary; difference from 100 percent is for drugs off formulary.
SOURCE: NORC/Georgetown University/Social & Scientific Systems analysis for MedPAC.

Chart 5.5. Share of Chemical Entities on Formulary, Restricted and Unrestricted, National vs. Local PDPs, 2011



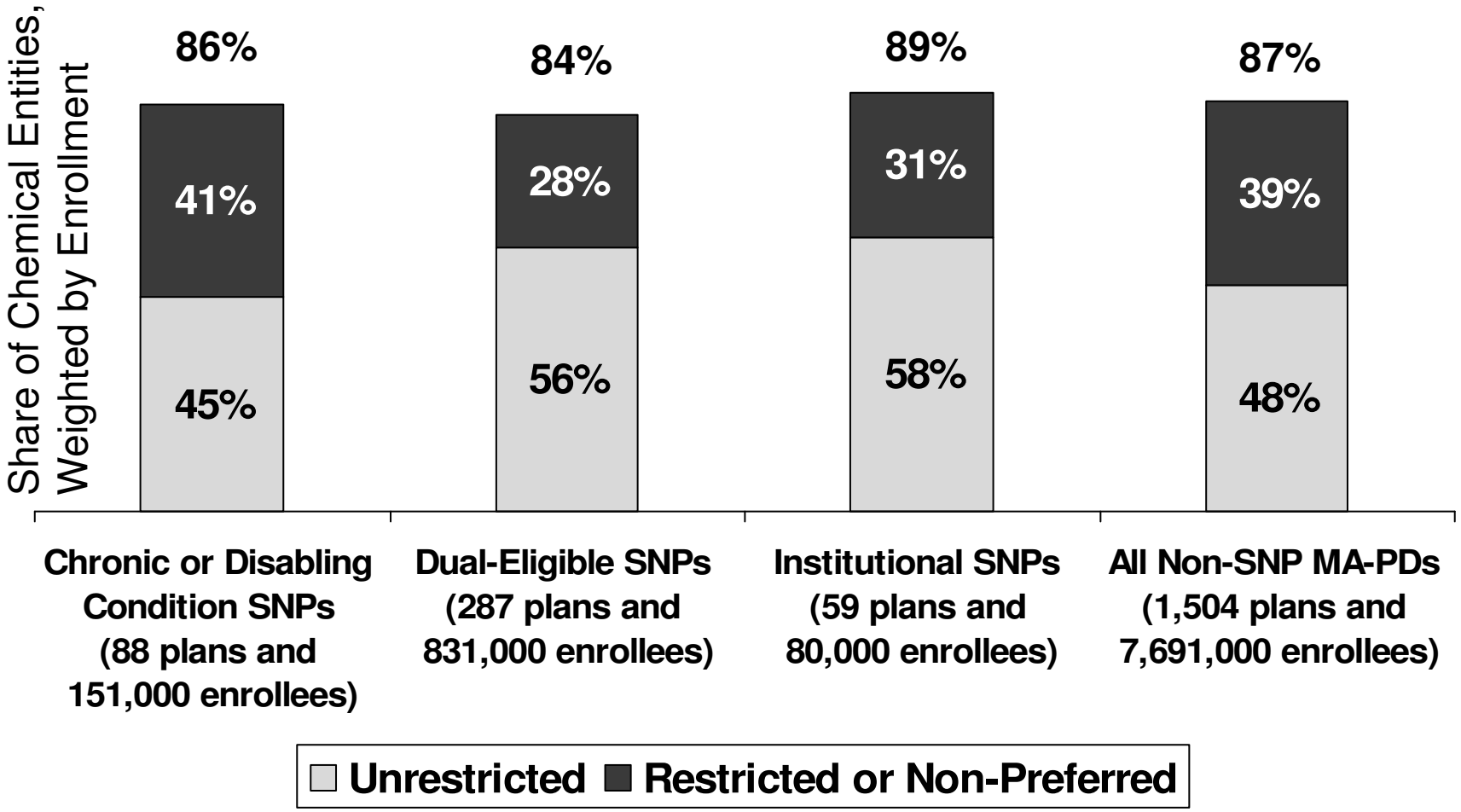
NOTE: Calculations are average shares, weighted by enrollment. Totals atop bars refer to total share of chemical entities on formulary; difference from 100 percent is for drugs off formulary.
SOURCE: NORC/Georgetown University/Social & Scientific Systems analysis for MedPAC.

Chart 5.6. Share of Chemical Entities on Formulary, Restricted and Unrestricted, by Type of MA-PD, 2011



NOTE: Calculations are average shares, weighted by enrollment. Totals atop bars refer to total share of chemical entities on formulary; difference from 100 percent is for drugs off formulary.
SOURCE: NORC/Georgetown University/Social & Scientific Systems analysis for MedPAC.

Chart 5.7. Share of Chemical Entities on Formulary, Restricted and Unrestricted, SNPs vs. MA-PDs, 2011



NOTE: Calculations are average shares, weighted by enrollment. Totals atop bars refer to total share of chemical entities on formulary; difference from 100 percent is for drugs off formulary.
SOURCE: NORC/Georgetown University/Social & Scientific Systems analysis for MedPAC.

6. Drug Classes

Calculations in this section apply the new tier-based UM measure that was introduced in *Medicare Part D Formularies, 2006-2010: A Chartbook* (published by MedPAC in 2010). See that chartbook for more information on this measure. Where appropriate, data from earlier years have been updated based on the new measure.

Chart 6.1. Formulary Tier Placement of Key Drug Classes, PDPs, 2011

Drug Class *(Protected – Italics)*	N	N Brand	Average Share of Drugs in Class Placed on Each Tier					
			Off Formulary	Standard 25%	Generic or Pref. Generic Tier	Brand or Pref. Brand Tier	Non-Pref. Brand Tier	Specialty Tier
Antineoplastics (Cancer)	38	28	7%	7%	12%	16%	14%	41%
Atypical Antipsychotics	8	6	0%	8%	15%	38%	36%	0%
Reuptake Inhibitors (Antidepressants)	9	3	1%	8%	55%	23%	11%	0%
Antidiabetic Agents	18	9	13%	6%	37%	21%	20%	0%
ACE Inhibitors (Hypertension)	10	0	3%	7%	80%	4%	1%	0%
ARBs (Hypertension)	8	7	54%	3%	10%	22%	10%	0%
Beta Blockers (Hypertension)	15	3	10%	7%	68%	9%	3%	0%
Calcium Channel Blockers (Hypertension)	9	0	6%	8%	64%	7%	5%	6%
Cholesterol Drugs	16	9	16%	6%	39%	28%	8%	0%
Nonsteroidal Anti-inflammatory Drugs (Pain)	22	3	13%	7%	68%	5%	2%	0%
Opioids (Pain)	15	3	23%	6%	39%	23%	5%	0%
H2 Blockers (Gastrointestinal)	4	0	9%	6%	78%	0%	2%	0%
Proton Pump Inhibitors (Gastrointestinal)	5	2	31%	5%	21%	30%	9%	1%

NOTE: The percentage for the drug class is the unweighted average for the drugs in that class. The percentage for each drug class represents the average share of drugs in that class on a particular tier or off formulary. Averages are weighted by PDP enrollment but not by utilization within the class. ARBs are angiotensin II receptor blockers; ACE inhibitors are angiotensin-converting enzyme inhibitors.

SOURCE: NORC/Georgetown University/Social & Scientific Systems analysis for MedPAC.

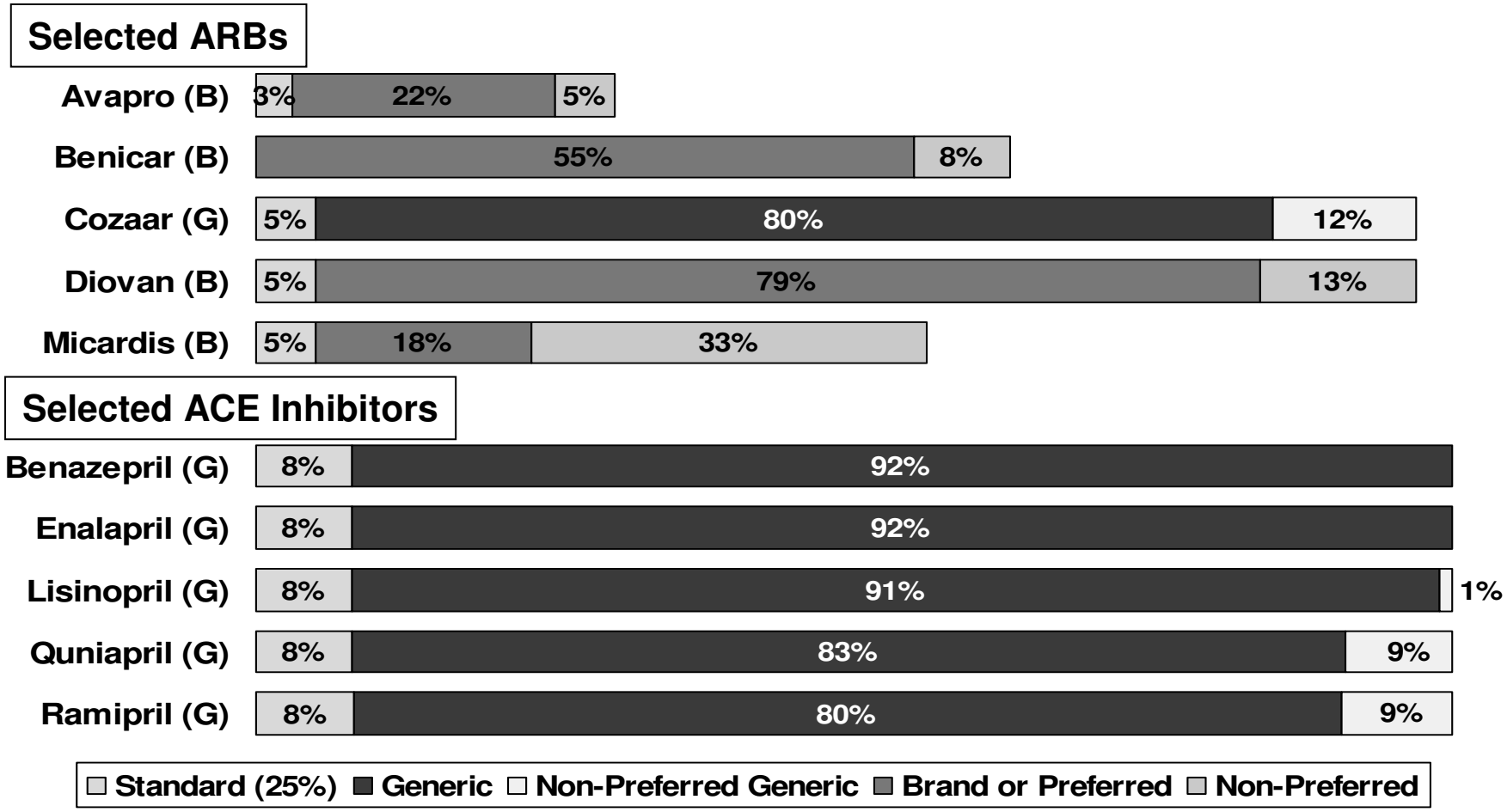
Chart 6.2. Formulary Tier Placement of Key Drug Classes, PDPs, 2007

Drug Class *(Protected – Italics)*	N	N Brand	Average Share of Drugs in Class Placed on Each Tier					
			Off Formulary	Standard 25%	Generic or Pref. Generic Tier	Brand or Pref. Brand Tier	Non-Pref. Brand Tier	Specialty Tier
Antineoplastics (Cancer)	24	20	3%	19%	14%	29%	9%	26%
Atypical Antipsychotics	6	5	0%	19%	13%	49%	18%	0%
Reuptake Inhibitors (Antidepressants)	8	2	2%	19%	59%	15%	6%	0%
Antidiabetic Agents	15	8	5%	19%	35%	31%	9%	0%
ACE Inhibitors (Hypertension)	10	4	10%	17%	48%	12%	13%	0%
ARBs (Hypertension)	7	7	19%	16%	0%	27%	37%	0%
Beta Blockers (Hypertension)	13	2	3%	18%	67%	7%	4%	0%
Calcium Channel Blockers (Hypertension)	9	3	6%	18%	50%	11%	9%	5%
Cholesterol Drugs	13	7	7%	18%	39%	23%	12%	0%
Nonsteroidal Anti-inflammatory Drugs (Pain)	19	2	5%	18%	66%	3%	7%	0%
Opioids (Pain)	14	2	11%	18%	57%	4%	8%	2%
H2 Blockers (Gastrointestinal)	4	0	4%	19%	75%	0%	2%	0%
Proton Pump Inhibitors (Gastrointestinal)	5	4	12%	17%	15%	36%	17%	2%

NOTE: The percentage for the drug class is the unweighted average for the drugs in that class. The percentage for each drug class represents the average share of drugs in that class on a particular tier or off formulary. Averages are weighted by PDP enrollment but not by utilization within the class. ARBs are angiotensin II receptor blockers; ACE inhibitors are angiotensin-converting enzyme inhibitors.

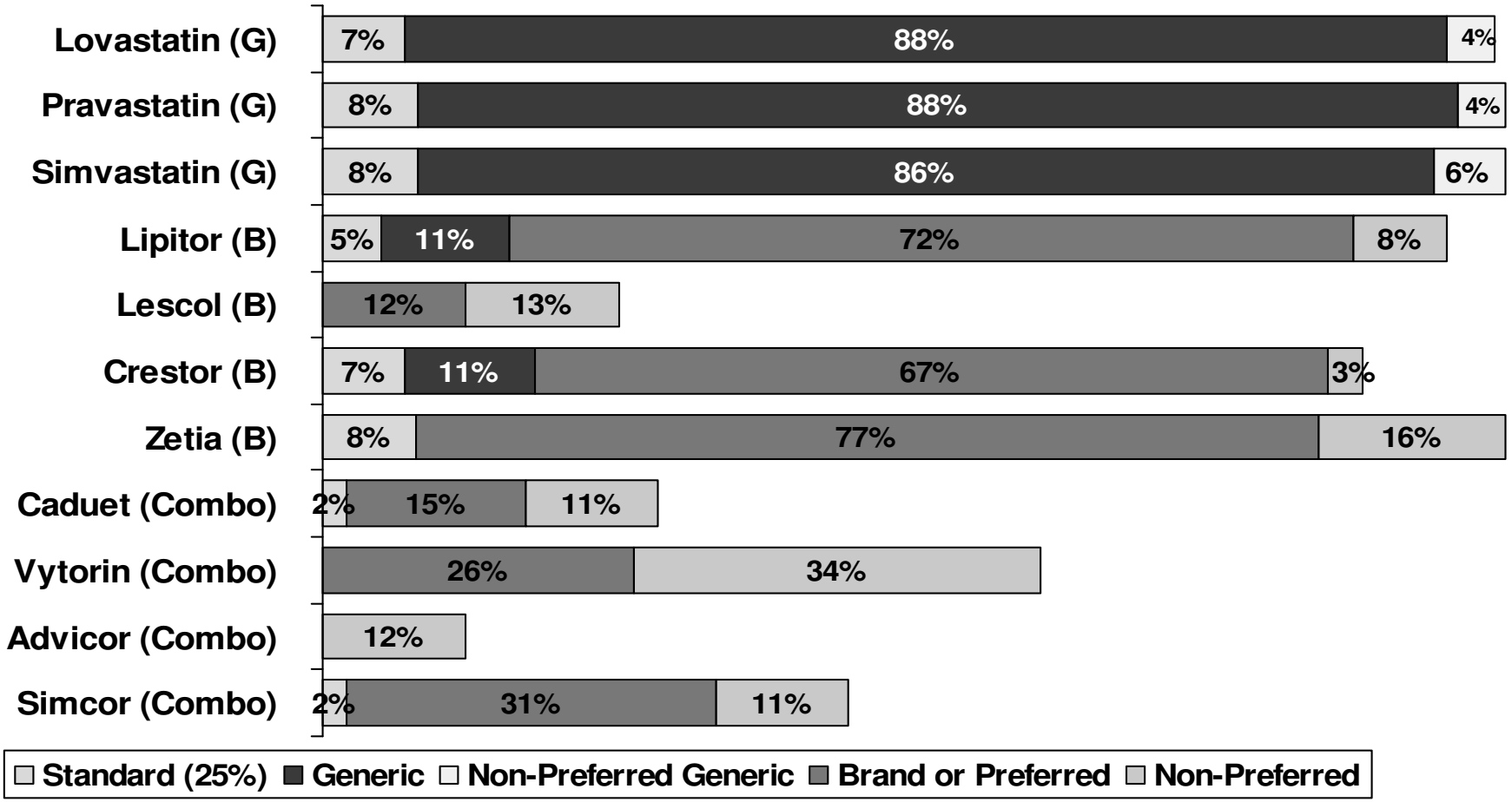
SOURCE: NORC/Georgetown University/Social & Scientific Systems analysis for MedPAC.

Chart 6.3. Formulary Tier Placement for Selected Hypertension Drugs, PDPs, 2011



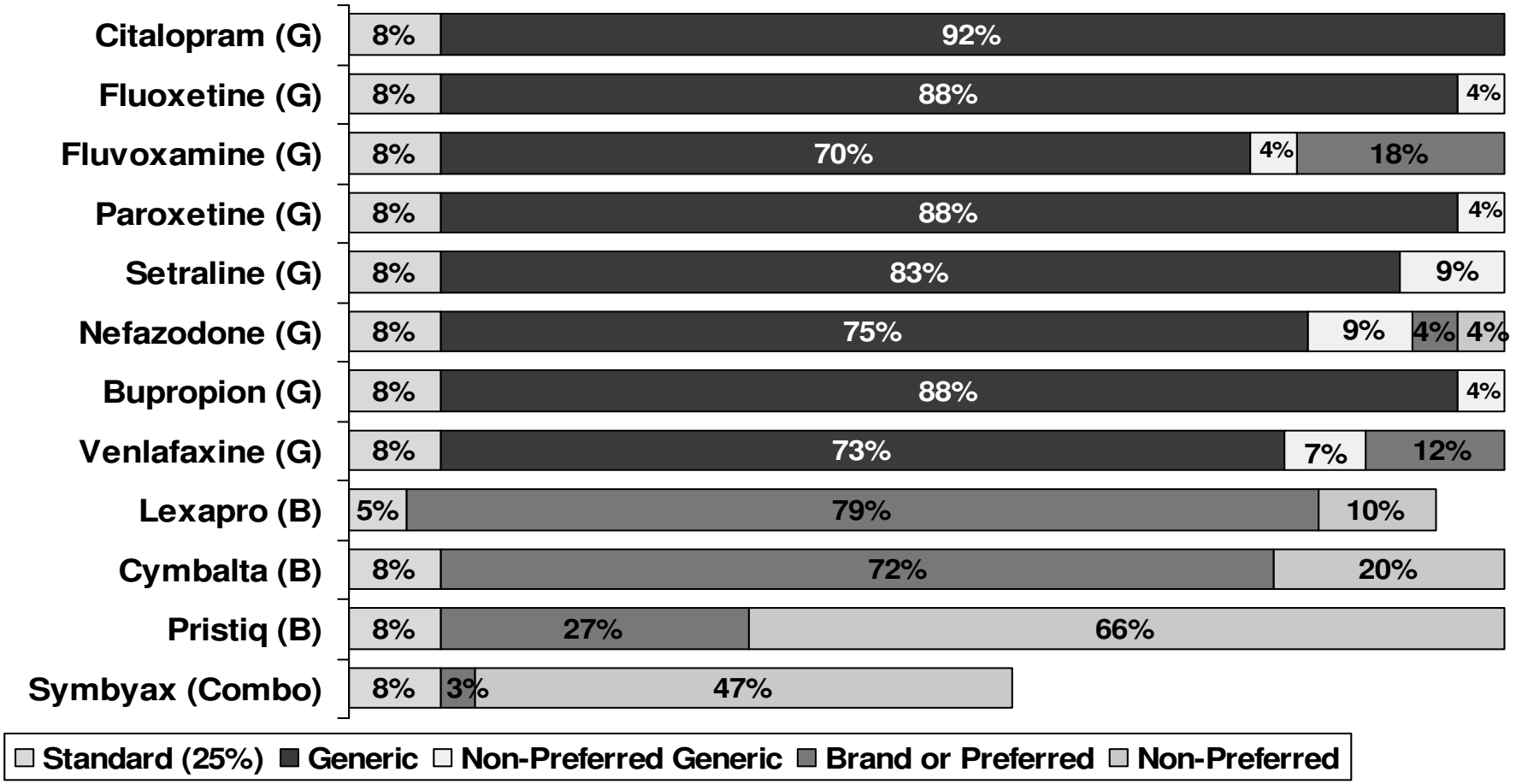
NOTE: Calculations are share of all PDPs, weighted by enrollment. Length of bar represents share on formulary; difference from 100 percent is for drugs off formulary. ARBs are angiotensin II receptor blockers; ACE inhibitors are angiotensin-converting enzyme inhibitors.
SOURCE: NORC/Georgetown University/Social & Scientific Systems analysis for MedPAC.

Chart 6.4. Formulary Tier Placement for Cholesterol Drugs, PDPs, 2011



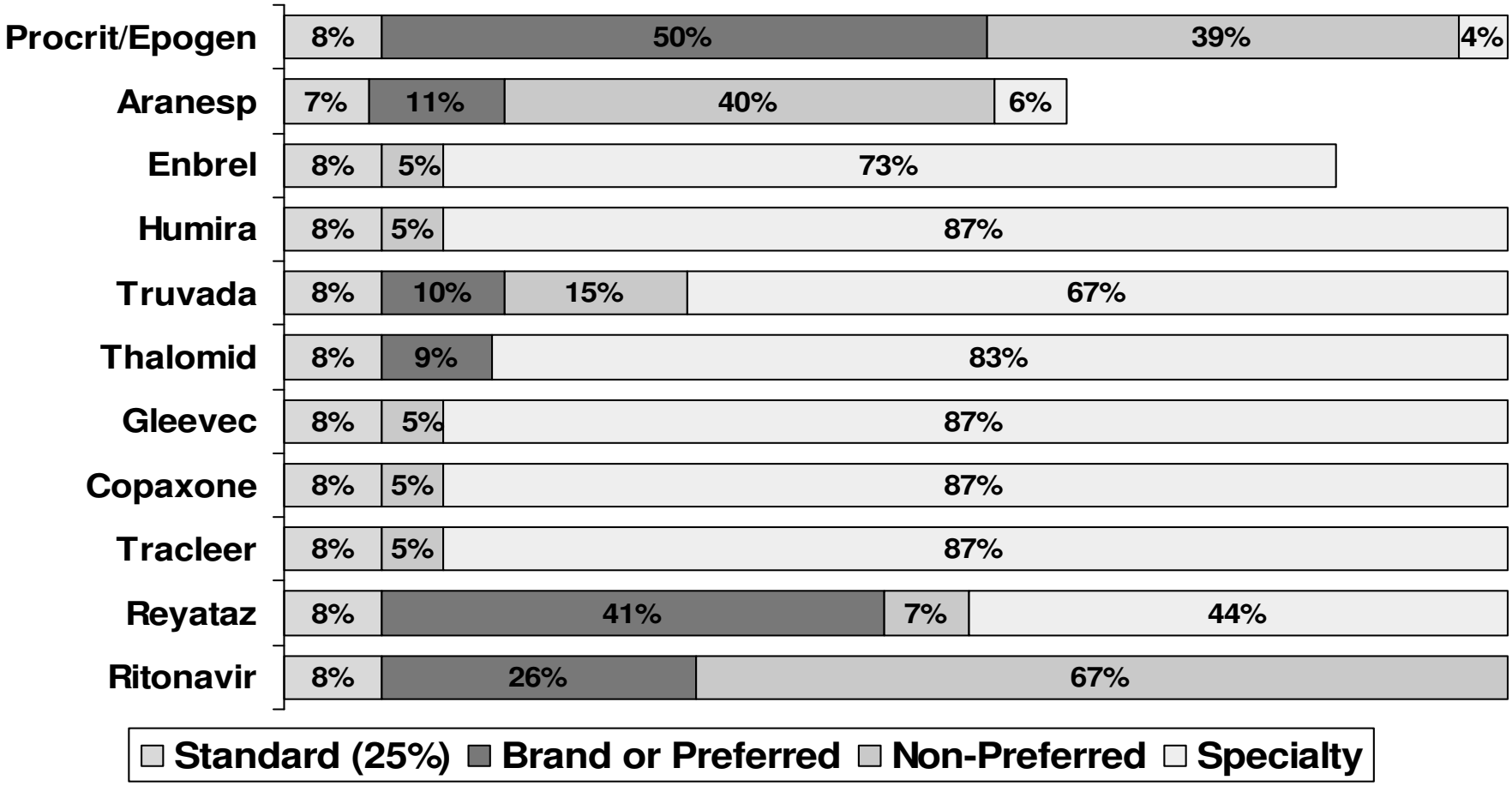
NOTE: Calculations are share of all PDPs, weighted by enrollment. Length of bar represents share on formulary; difference from 100 percent is for drugs off formulary.
SOURCE: NORC/Georgetown University/Social & Scientific Systems analysis for MedPAC.

Chart 6.5. Formulary Tier Placement for Antidepressants, PDPs, 2011



NOTE: Calculations are share of all PDPs, weighted by enrollment. Length of bar represents share on formulary; difference from 100 percent is for drugs off formulary.
SOURCE: NORC/Georgetown University/Social & Scientific Systems analysis for MedPAC.

Chart 6.6. Formulary Tier Placement for Expensive Specialty Drugs, PDPs, 2011



NOTE: Calculations are share of all PDPs, weighted by enrollment. Length of bar represents share on formulary; difference from 100 percent is for drugs off formulary.
SOURCE: NORC/Georgetown University/Social & Scientific Systems analysis for MedPAC.

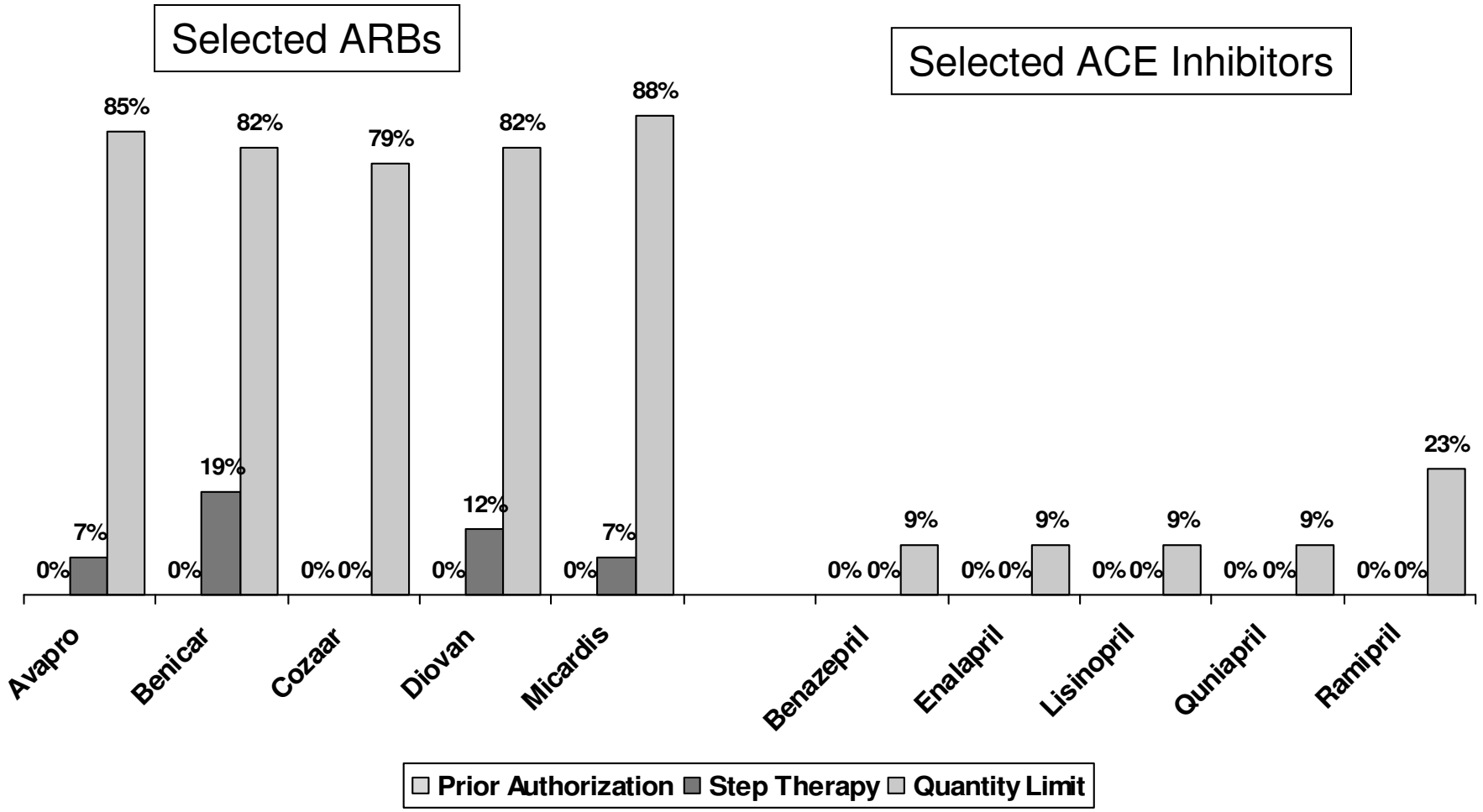
Chart 6.7. Utilization Management Requirements for Key Drug Classes, PDPs, 2007-2011

Drug Class *(Protected - Italics)*	Average Share of Drugs in Class Having Requirement, If on Plan's Formulary					
	Prior Authorization		Step Therapy		Quantity Limits	
	2007	2011	2007	2011	2007	2011
Antineoplastics (Cancer)	20%	45%	0%	1%	9%	16%
Atypical Antipsychotics	7%	19%	3%	12%	43%	64%
Reuptake Inhibitors (Antidepressants)	0%	4%	10%	5%	55%	65%
Antidiabetic Agents	8%	12%	4%	18%	24%	40%
ACE Inhibitors (Hypertension)	0%	0%	4%	0%	8%	12%
ARBs (Hypertension)	1%	0%	47%	24%	72%	78%
Beta Blockers (Hypertension)	1%	2%	1%	0%	4%	14%
Calcium Channel Blockers (Hypertension)	1%	2%	0%	4%	35%	16%
Cholesterol Drugs	1%	0%	2%	6%	36%	51%
Nonsteroidal Anti-inflammatory Drugs (Pain)	3%	2%	4%	2%	12%	13%
Opioids (Pain)	6%	10%	1%	3%	30%	38%
H2 Blockers (Gastrointestinal)	2%	6%	1%	0%	1%	0%
Proton Pump Inhibitors (Gastro)	12%	4%	24%	17%	87%	87%

NOTE: The percentage for each drug class represents the average share of drugs in that class with a particular UM requirement, out of all PDPs where the drug is on formulary. Averages are weighted by PDP enrollment but not by utilization within the class. ARBs are angiotensin II receptor blockers; ACE inhibitors are angiotensin-converting enzyme inhibitors.

SOURCE: NORC/Georgetown University/Social & Scientific Systems analysis for MedPAC.

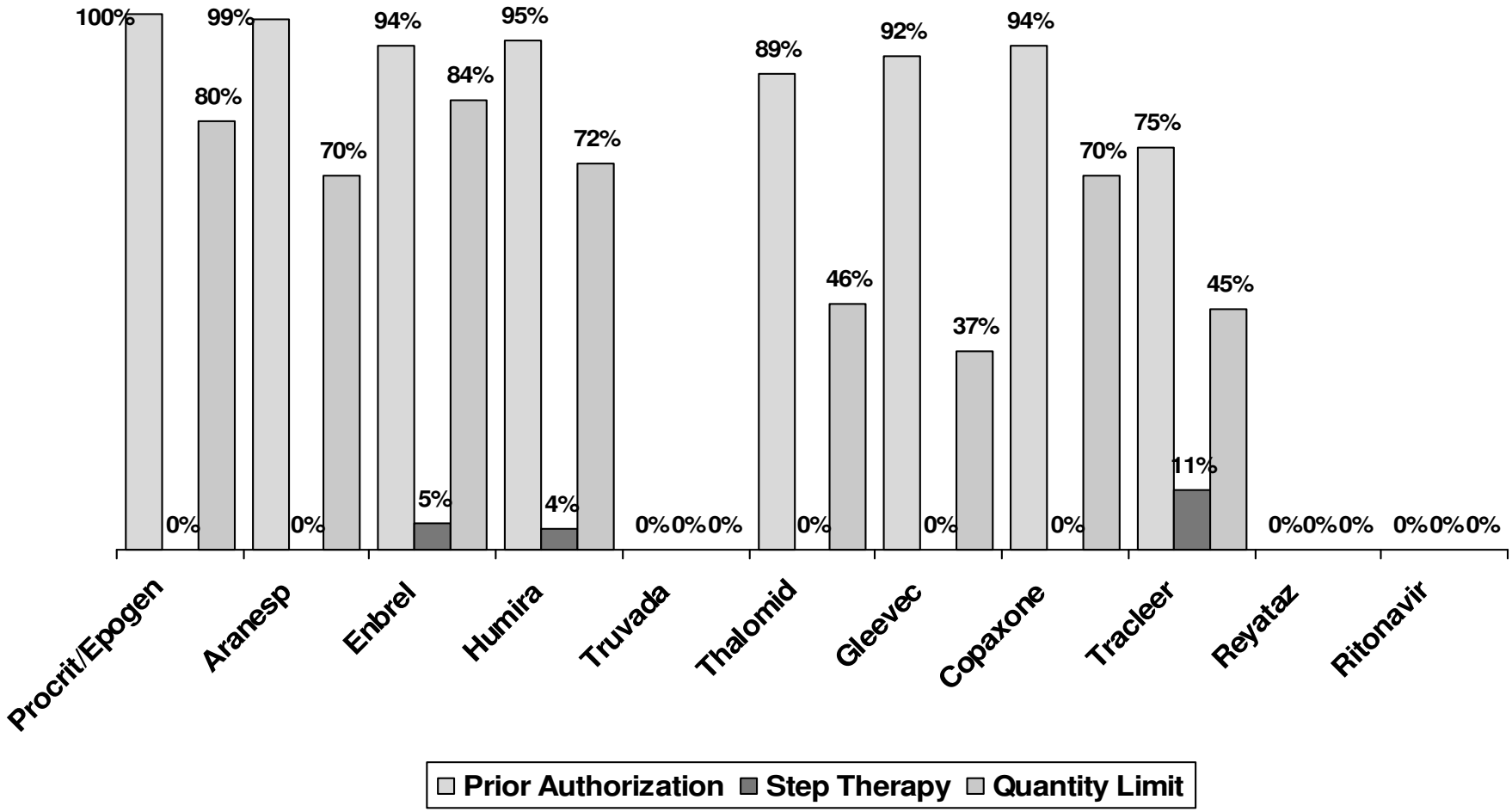
Chart 6.8. Utilization Management Restrictions for Selected Hypertension Drugs, PDPs, 2011



NOTE: Calculations are share of all PDPs listing drug on formulary, weighted by enrollment. ARBs are angiotensin II receptor blockers. ACE inhibitors are angiotensin-converting inhibitors.

SOURCE: NORC/Georgetown University/Social & Scientific Systems analysis for MedPAC.

Chart 6.9. Utilization Management Restrictions for Expensive Specialty Drugs, PDPs, 2011



NOTE: Calculations are share of all PDPs listing drug on formulary, weighted by enrollment.
SOURCE: NORC/Georgetown University/Social & Scientific Systems analysis for MedPAC.

7. Commonly Prescribed Drugs

Calculations in this section apply the new tier-based UM measure that was introduced in *Medicare Part D Formularies, 2006-2010: A Chartbook* (published by MedPAC in 2010). See that chartbook for more information on this measure. Where appropriate, data from earlier years have been updated based on the new measure. The top drugs in this section refer to the most commonly prescribed drugs, based on total fills for Part D beneficiaries as published by CMS from 2008 claims (change in availability of generic versions are noted where appropriate).

Chart 7.1. Formulary Treatment of Commonly Prescribed Brand Drugs, PDPs, 2007-2011

	Off Formulary		Generic Tiers	Brand or Preferred Brand Tiers		Non-Preferred Brand Tier	
Drug	**2007**	**2011**	**2011**	**2007**	**2011**	**2007**	**2011**
Lipitor	6%	5%	11%	59%	72%	15%	8%
Plavix	0%	0%	0%	74%	76%	7%	16%
Nexium	8%	11%	0%	62%	78%	4%	1%
Diovan	0%	3%	0%	75%	79%	5%	13%
Aricept (generic donepezil Dec 2010)	0%	16%	0%	75%	49%	6%	27%
Lexapro	12%	6%	0%	50%	79%	20%	10%
Flomax (generic tamsulosin Mar 2010)	2%	0%	75%	71%	17%	7%	0%
Seroquel	0%	0%	0%	80%	87%	1%	6%
Advair Diskus	1%	2%	0%	69%	92%	11%	0%
Prevacid (generic lansoprazole Nov 2009)	7%	24%	18%	60%	43%	12%	10%
Actos	6%	0%	0%	74%	58%	0%	34%
Lantus	0%	8%	0%	79%	75%	1%	10%
Actonel	0%	32%	0%	74%	32%	6%	29%
Vytorin	21%	39%	0%	55%	26%	7%	34%
Crestor	15%	12%	11%	58%	67%	8%	3%

NOTE: The percentage for each drug represents the share of PDPs, weighted by enrollment, for which the drug is on a particular tier or off formulary. For 2011, the share for Flomax and Prevacid for the non-preferred generic brand tier is 6 percent and 3 percent respectively; all other generic coverage listed in the table is for preferred or undifferentiated generic tiers. 2011 formulary information comes from the October formulary file; plans have likely increased generic coverage of donepezil in more recent months.

SOURCE: NORC/Georgetown University/Social & Scientific Systems analysis for MedPAC.

Chart 7.2. Utilization Management Status of Commonly Prescribed Brand Drugs, PDPs, 2007-2011

Drug	Prior Authorization		Step Therapy		Quantity Limits	
	2007	2011	2007	2011	2007	2011
Lipitor	2%	0%	2%	8%	58%	90%
Plavix	6%	0%	0%	0%	35%	84%
Nexium	17%	16%	7%	1%	81%	96%
Diovan	1%	0%	40%	12%	69%	82%
Aricept (generic donepezil Dec 2010)	12%	0%	0%	0%	38%	87%
Lexapro	0%	0%	11%	9%	44%	97%
Flomax (generic tamsulosin Mar 2010)	2%	0%	15%	3%	59%	75%
Seroquel	1%	2%	1%	0%	46%	69%
Advair Diskus	2%	0%	2%	0%	53%	94%
Prevacid (generic lansoprazole Nov 2009)	14%	0%	8%	10%	88%	91%
Actos	3%	0%	9%	61%	71%	59%
Lantus	2%	8%	0%	0%	2%	9%
Actonel	4%	9%	6%	23%	82%	92%
Vytorin	0%	1%	0%	2%	51%	93%
Crestor	1%	0%	10%	1%	54%	96%

NOTE: The percentage for each drug represents the share of PDPs, weighted by enrollment, for which the drug has a particular UM requirement, out of all PDPs where the drug is on formulary. Values are based on the new tier-based UM measures.

SOURCE: NORC/Georgetown University/Social & Scientific Systems analysis for MedPAC.

Chart 7.3. Formulary Treatment of Commonly Prescribed Generic Drugs, PDPs, 2007-2011

Drug	Off Formulary		Generic or Preferred Generic Tier		Non-Preferred Generic Tier	Brand/ Preferred Brand Tier	Non-Preferred Brand Tier
	2007	2011	2007	2011	2011	2007	2007
Lisinopril	0%	0%	81%	91%	1%	0%	0%
Simvastatin	1%	0%	80%	86%	6%	0%	0%
Furosemide	0%	0%	80%	92%	0%	0%	0%
Hydrocodone/ Acetaminophen	0%	0%	80%	83%	4%	0%	0%
Thyroxine	0%	0%	80%	92%	0%	0%	0%
Amlodipine*	1%	0%	0%	86%	6%	64%	15%
Omeprazole	3%	0%	77%	83%	9%	0%	1%
Hydrochlorothiazide	0%	0%	81%	92%	0%	0%	0%
Atenolol	0%	0%	81%	92%	0%	0%	0%
Metformin	0%	0%	81%	91%	1%	0%	0%
Metoprolol	0%	0%	81%	92%	0%	0%	0%
Warfarin	0%	0%	81%	92%	0%	0%	0%
Potassium	0%	0%	81%	91%	1%	0%	0%
Gabapentin	0%	0%	80%	83%	9%	0%	0%
Lovastatin	0%	1%	81%	88%	4%	0%	0%
Glipizide	0%	0%	81%	92%	0%	0%	0%
Sertraline	0%	0%	77%	83%	9%	3%	1%
Alendronate*	1%	0%	0%	91%	1%	80%	0%
Zolpidem*	0%	0%	0%	83%	9%	71%	10%
Carvedilol*	0%	0%	0%	88%	4%	78%	2%

*These drugs were not available as generics in 2007.

NOTE: The percentage for each drug represents the share of PDPs, weighted by enrollment, for which the drug is on a particular tier or off formulary. For 2011, the share for hydrocodone/ acetaminophen for brand or preferred brand tiers is 5 percent (zero for all other drugs in this table).

SOURCE: NORC/Georgetown University/Social & Scientific Systems analysis for MedPAC.

Chart 7.4. Utilization Management Status of Commonly Prescribed Generic Drugs, PDPs, 2007-2011

Drug	Prior Authorization		Step Therapy		Quantity Limits	
	2007	2011	2007	2011	2007	2011
Lisinopril	0%	0%	0%	0%	5%	9%
Simvastatin	0%	0%	0%	0%	55%	58%
Furosemide	0%	7%	0%	0%	0%	0%
Hydrocodone/ Acetaminophen	0%	0%	2%	0%	46%	43%
Thyroxine	0%	0%	0%	0%	1%	0%
Amlodipine*	0%	0%	0%	0%	76%	23%
Omeprazole	5%	1%	15%	0%	79%	92%
Hydrochlorothiazide	0%	0%	0%	0%	0%	0%
Atenolol	0%	0%	0%	0%	0%	0%
Metformin	0%	0%	0%	0%	25%	26%
Metoprolol	2%	7%	0%	0%	0%	20%
Warfarin	0%	0%	0%	0%	0%	0%
Potassium	0%	8%	0%	0%	0%	0%
Gabapentin	1%	0%	0%	0%	27%	34%
Lovastatin	0%	0%	0%	0%	48%	50%
Glipizide	0%	0%	0%	0%	4%	10%
Sertraline	1%	0%	7%	0%	45%	55%
Alendronate*	3%	6%	0%	0%	83%	60%
Zolpidem*	3%	0%	13%	2%	59%	88%
Carvedilol*	0%	0%	0%	0%	8%	14%

*These drugs were not available as generics in 2007.

NOTE: The percentage for each drug represents the share of PDPs, weighted by enrollment, for which the drug has a particular UM requirement, out of all PDPs where the drug is on formulary. Values are based on the new tier-based UM measures.

SOURCE: NORC/Georgetown University/Social & Scientific Systems analysis for MedPAC.